

**JUVENILE JURISDICTION
PLANNING AND IMPLEMENTATION COMMITTEE
FINAL REPORT**

APPENDICES F & G

APPENDIX F

**National Center for State Courts
“Implications of Changing Juvenile Jurisdiction for Adjudication
and Case-Processing Personnel Needs
in Connecticut Superior Court”**



IMPLICATIONS OF CHANGING JUVENILE JURISDICTION FOR ADJUDICATION AND CASE-PROCESSING PERSONNEL NEEDS IN CONNECTICUT SUPERIOR COURT

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ADJUDICATION AND CASE-PROCESSING PERSONNEL NEEDS
IN CONNECTICUT SUPERIOR COURT**

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OVERVIEW

In this paper, the NCSC project team assesses the likely personnel needs of the Superior Court for day-to-day court operations if there is an expansion of juvenile court jurisdiction to include the cases of 16- and 17-year-olds. We conclude that the transfer of cases involving youths in this age group from “youthful offender (YO)” dockets in adult court to juvenile delinquency dockets will clearly require additional judges and court operations support personnel. Because the experience in other states is that juvenile matters typically require about three times as much work as limited-jurisdiction adult criminal cases, NCSC finds that the Judicial Department’s estimates of its additional judgeship and court operations personnel needs are not only reasonable, but they may be less than the needs estimated by the NCSC project team.

The Judicial Department has estimated that it will need five more judges to implement the contemplated expansion of juvenile jurisdiction. Based on NCSC experience from workload studies in other states (where the amount of judge work demanded by delinquency cases varies widely, ranging from one-and-a-half to almost five times that for limited-jurisdiction criminal cases), the NCSC project team calculates that Connecticut would need at least **5.5** (and perhaps as many as **19**) additional judges to implement the jurisdictional change.

Court operations personnel are those who support the judges in the day-to-day processing of cases. The Judicial Department has estimated that having the delinquency cases of 16- and 17-year-olds heard in nine regional juvenile court locations as of January 2009 will require the addition of 115 more court operations support personnel. NCSC experience in other states has been that juvenile cases require three times as much work as limited-jurisdiction criminal matters. This leads the NCSC project team to calculate that the Judicial Department would need an additional **139-141** court operations support personnel to staff the regional juvenile court model after transfer of cases now heard in “youthful offender” dockets in adult criminal court.

IMPLICATIONS OF CHANGING JUVENILE JURISDICTION FOR ADJUDICATION AND CASE-PROCESSING PERSONNEL NEEDS IN CONNECTICUT SUPERIOR COURT

Introduction

As Connecticut considers the development of legislation to increase the age of juvenile court jurisdiction to include 16- and 17-year-old offenders, an important question for implementation is the impact of such a change on the resource needs of the Superior Court and its justice partners, including the state's attorneys and public defenders. In particular, personnel resource needs are a critical area for attention.

In this paper, the NCSC project team assesses the likely personnel needs of the Superior Court for day-to-day court operations.¹ We conclude that the transfer of cases involving youths in this age group from "youthful offender (YO)" dockets in adult court to juvenile delinquency dockets will clearly require additional judges and court operations support personnel.

Needs as Estimated by Judicial Department

Its estimates of judgeship and court operations support staff needs for the implementation of expanded juvenile jurisdiction, the Connecticut Judicial Department has focused on personnel needs in the court facilities for adjudication of juveniles charged with delinquency. Four options have been under consideration for the locations at which court hearings would be held:

- New juvenile court facilities;
- Existing juvenile courts;
- Existing GA courts; or
- Regional juvenile courts.

Because a consensus appears to have emerged among Connecticut officials in favor of the last option – regional juvenile courts – NCSC assumes in this paper that the judgeship and court operations support staff needs would be those for that option.

¹ The phrase "court operations" here means primarily judges and the personnel of the Superior Court Operations Division of the Judicial Department who provide direct operational support to judges in day-to-day court proceedings. It does not include personnel needs of the Judicial Department's Court Support Services Division (such as adult or juvenile probation officers) – a topic that is addressed elsewhere.

While NCSC does not address prosecution personnel needs here, the American Prosecutors Research Institute (APRI) has found that juvenile delinquency cases require more prosecutor time than misdemeanor offenses and low-level felonies in adult criminal court. M. Elaine Nugent-Borakove, Director, Office of Research & Evaluation, APRI, electronic message to David C. Steelman, NCSC, December 1, 2006.

Similarly, public defender personnel needs are not considered here. Yet American Bar Association standards suggest that delinquency cases take twice as much defender time as adult misdemeanors. Moreover, in a recent workload assessment for Maryland public defenders, NCSC found that delinquency cases take 2.3 times more work than misdemeanors in rural areas; 2.96 times more work in suburban areas; and 4.0 times more work in urban areas. See Ostrom, Kleiman and Ryan, *Attorney and Staff Workload Assessment, Maryland Office of the Public Defender* (Williamsburg, VA: NCSC, 2005), p. 37.

Implementation under the regional juvenile court option would largely involve current and future court locations for juvenile matters [Waterbury, Torrington (2011), Hartford, Waterford, Bridgeport, Rockville, and Middletown (2010)]. Yet it would also involve some JD locations (Stamford and Willimantic); a GA location (Bristol, until construction of the new Torrington juvenile matters facility is completed); and other locations (a site to be determined in New Haven, as well as a Judicial Department building in Meriden until construction of the new Middletown juvenile matters facility is completed).²

To estimate the additional clerical staff members that would need if the current level of new youthful offender cases were transferred from adult criminal court to juvenile court, the Court Services Division of the Judicial Department has looked at the ratio of total new juvenile cases added for each clerical staff member in the Superior Court for Juvenile Matters (“JM”), and then applied that same ratio to the total number of youthful offender cases. As Table 1 shows, there were 297.7 new “JM” cases added per staff member in fiscal year 2006; and if that ratio were applied to the number of additional new cases (15,290) that would become “JM” filings, there would be a need for 51.4 more clerical staff members.

TABLE 1. GENERAL CALCULATION OF ADDITIONAL CLERICAL STAFFING NEEDS, BASED ON FILINGS-PER-STAFF RATIO³

Current Levels		Projection of Additional Need	
Description	Total	Description	Total
Total JM Cases Added in Fiscal Year 2005-06	32,747	Total 16- and 17-yr-Old Cases Added per Year	15,290
Total Current Clerical Staff	110	Current Cases-per-Staff Ratio	297.70
Cases-per-Staff Ratio	297.70	<i>Additional Clerical Staff Need</i>	<i>51.36</i>

Translating such needs for application to the configuration of using nine regional juvenile court locations for the addition of new filings for 16- and 17-year-olds, the Juvenile Branch has applied a somewhat different set of metrics. The Department has indicated that it would need five additional judgeships to address the additional cases in juvenile court. In determining how many clerical and other court operations personnel would be needed, it has based a planned request for additional personnel on what is considered the minimum number of people in different positions that would be required to operate each of nine court locations where additional court operations would commence as of January 1, 2009. Based on that approach, the Branch has estimated that a total of 115 additional court operations support personnel (clerk’s office staff and others) would be needed, as Table 2 indicates.

² See Connecticut Judicial Department, “Increasing the Juvenile Jurisdictional Age in Delinquency Matters” (presentation by Joseph D. D’Alesio, Esq., to Juvenile Jurisdiction Planning and Implementation Committee, December 21, 2006).

³ Source: Connecticut Judicial Department, Superior Court Operations Division.

**TABLE 2. PLANNED JUDICIAL DEPARTMENT REQUEST FOR
ADDITIONAL PERSONNEL⁴**

Description	Total Request
Additional Judges	5
Clerk's Office Staff	9 - Assistant Clerk - JD/GA 9 - Court Operations Assistant (Courtroom Clerk) 18 - Office Clerk / Administrative Clerk I
Court Reporter/Monitor	9
Interpreters	8
Victim Services Advocates	5 (Sharing multiple court locations)
Judicial Marshals	48 (6 in each court location)
Caseflow Management Specialist	1 (Central Office staff)
Transport Marshals (with 4 vans)	8 (Sharing multiple court locations)
<i>Total Non-Judge Staff Request</i>	<i>115</i>

The figures for court support staff shown in Table 2 reflect a court operations conclusion that each court location needs at least an assistant clerk, a courtroom clerk, two clerk's for the clerk's office, and a court reporter/monitor, but that not all locations require a court interpreter or a victim advocate at all times. The requirement for six judicial marshals at each location involves two to provide security at court entrances; two for holding cells; and two for each courtroom. The need for transport marshals is premised on a need for four vans each day, with two marshals per van.

Assessment in View of NCSC Workload Studies in Other States

To appraise the estimates made by the Judicial Department, NCSC experience in other states provides helpful information. In the past 10-15 years, NCSC has conducted workload studies in a number of states to provide a basis for measuring personnel needs for judgeships and clerk's office staff members.⁴ Results from other states can be applied to the specific circumstances associated with the contemplated changes in Connecticut, to determine if the Judicial Department's planned request for personnel is reasonable.

NCSC Results from Other States. With the expected change in juvenile jurisdiction in Connecticut, the cases of 16- and 17-year-olds charged with violations of the law, now heard as adult criminal matters in the "youthful offender (YO)" dockets of

⁴ Such workload studies have been premised on a determination of how much time it takes for cases to be processed and adjudicated (recognizing that some kinds of cases require more time than others), and then considering how much time people actually have available for work with such cases (accounting for such things as weekends, vacations, attendance at meetings and conferences, work travel, and non-case-related work) to calculate the number of personnel needed to handle the amount of work that cases present. See Appendix B for further discussion of the methods used in NCSC workload studies to determine judgeship and court staff needs.

the Superior Court’s limited-jurisdiction (geographical area, or “GA”) locations, will instead be heard as juvenile delinquency cases of the Superior Court for Juvenile Matters.

As a way to determine what the likely impact of such a change would be, the NCSC project team looks at how much work juvenile delinquency cases present for trial courts in other states, as opposed to the amount of work that adult criminal cases present for limited-jurisdiction courts in those states. While there is considerable variation from one state to the next in terms of how much time is required for judges and court clerks, there is one overall conclusion that can be made: having a case heard in a juvenile docket means that judges and clerk’s office support staff must give it considerably more time than they give to adult criminal cases in a limited-jurisdiction court docket.

Judges. NCSC has conducted a considerable number of workload studies to determine judgeship needs for courts in other states. Wherever comparisons can be made, the studies show that judges in other states consistently give more time to juvenile cases than they give in limited-jurisdiction courts to adult criminal cases. As the information in Table 3 below indicates, there were seven states where a comparison was possible. In those states, NCSC found that judges typically give approximately one-and-a-half to five (with an average just under three) times more attention to juvenile cases than they give to adult criminal cases in limited-jurisdiction courts. That is, for every hour a judge spends on a limited-jurisdiction criminal matter, he or she spends from 1.45 to 4.98 hours on a juvenile delinquency case.

TABLE 3. JUDGE WORK FOR DELINQUENCY CASES AND FOR LIMITED-JURISDICTION CRIMINAL CASES IN SEVEN OTHER STATES⁵

State	Juvenile	Limited-Jurisdiction Criminal			Ratio
	Delinquency	All Criminal	Felony Only	Misdemeanor Only	Juvenile-to-Criminal
Nebraska	107		25	18	4.98: 1
New Hampshire	60	15.3			3.92: 1
North Carolina	29	11			2.64: 1
North Dakota	117.76		133.98	28.7	1.45: 1
Maryland	59.23	16.86			3.51: 1
Florida	16	10			1.60: 1
Wyoming	100		46	35	2.47: 1

⁵ Source: John W. Douglas, *Analysis and Functional Utility of the Current NCSC Weighted Caseload Model* (National Center for State Courts, Institute for Court Management, Court Executive Development Program, Phase III, work in progress, 2006-2007). For more details, see the Appendix, Table A-1. *Note:* If the workload figure shown for limited-jurisdiction is more detailed than “all criminal,” then the ratio shown for a state is calculated by dividing the delinquency number by the simple average of “felony only” and “misdemeanor only.”

Clerks. For clerk's offices, NCSC has done fewer workload studies than for judges in the past decade to determine staffing needs. As a result, there are only two states for which a comparison of juvenile and limited-jurisdiction criminal workloads is possible, as Table 4 indicates. Yet the results for clerk's offices are very consistent – juvenile cases require 3.15 times as much work in New Hampshire and 3.04 times as much work in New Mexico. These results are also consistent with those for judges as shown above in Table 2.

TABLE 4. CLERK'S OFFICE WORK FOR DELINQUENCY CASES AND FOR LIMITED-JURISDICTION CRIMINAL CASES IN TWO OTHER STATES⁶

State	Juvenile		Limited-Jurisdiction Criminal			Ratio
	Delin- quency	All Cases	All Criminal	Felony Only	MD Only	Juvenile: Criminal
New Hampshire		280.62	89.1			3.15: 1
New Mexico	665			238	199	3.04: 1

Judge and Staff FTE's in Connecticut. In order to apply the information presented above in Tables 3 and 4 from NCSC workload studies in other states to the Connecticut situation, it is necessary to determine how many judges and court support staff members are now involved in handling the cases of 16- and 17-year-olds in the "YO" dockets in limited-jurisdiction GA court locations. It has been estimated that these cases represent about four percent of the total adult criminal cases added in a year.

But that does not necessarily reflect the amount of portion of total GA adult criminal work that the YO cases require. In the absence of weighted caseload data, a measure of the relative amount of judge and staff time devoted to YO cases is the docket time that is allocated to YO matters as a percentage of the total docket time scheduled for all criminal cases in GA locations each week.

When the Court Operations Division gathered this information in January 2007 at the request of the NCSC project team, the statewide results from GA locations showed that 8.75% of all docket time per week is set aside for YO matters. See Table 5 below. This serves as a plausible basis for determining the portion of judicial officer and clerical support staff time that is now allocated to these cases.

⁶ Source: John W. Douglas, *Analysis and Functional Utility of the Current NCSC Weighted Caseload Model* (National Center for State Courts, Institute for Court Management, Court Executive Development Program, Phase III, work in progress, 2006-2007). For more details, see the Appendix, Table A-2. *Note:* If the workload figure shown for limited-jurisdiction is more detailed than "all criminal," then the ratio shown for a state is calculated by dividing the delinquency number by the simple average of "felony only" and "misdemeanor only."

As Table 5 indicates, the GA locations now have 44 judges assigned to hear criminal matters.⁷ If about 8.75% of their time is devoted to YO cases, then the GA locations currently have about $(44 \times 8.75\% =)$ 3.83 FTE judges hearing YO matters.

Table 5 also shows a total of 191 clerk's office staff (exclusive of assistant clerks) for criminal matters. This yields an estimate of $(191 \times 8.75\% =)$ 16.7 FTE clerical personnel (courtroom clerks and office clerks) who are now dealing with YO cases in the GA locations.

⁷ The GA court locations also have the full-time equivalent of about 9.15 quasi-judicial officers, which are excluded here in NCSC's calculation of whether additional judges are needed for implementation of the contemplated change in juvenile jurisdiction.

TABLE 5. NUMBER OF JUDICIAL OFFICERS AND PERCENTAGE OF TOTAL DOCKET TIME ALLOCATED PER WEEK TO YOUTHFUL OFFENDER CASES IN GA COURT LOCATIONS, JANUARY 2007*

GA Court	Number of Courtrooms	Courtroom Hrs/Week	YO Courtroom Hrs/Week	Number of Clerical Staff	Number of Judges	Number of JTR/SJ	Percent YO's
GA1	3	90 hrs.	3hrs.	8	3	3	3.40%
GA2	4 or 5	132hrs	10 hrs	19	4	0	7.60%
GA3	2	71hrs.	4hrs. 15 min.	7	3	0	6.00%
GA4	3	90hrs	39.5hrs.	15	3	0	44%
GA5	1+ PT 2 pms	34 hrs.	3.5 hrs.	7	0	3	10.30%
GA7	1	30hrs.	12hrs.	10	1	1	40%
GA9	2	36hrs.	4hrs.	6	2	0	11%
GA10	1	30hrs.	3	8	1	0	10%
GA11	1	30 hrs.	1hr.	7	1	0	3.40%
GA12	2	60 hrs.	5hrs.	9	2	1day/mo	8.30%
GA13	1	30hrs.	5hrs	5	1	0	16.60%
GA14	4	120hrs.	12hrs	16	5	1	10%
GA15	4	90hrs	11hrs.	13	4	0	12.20%
GA17	1	30hrs.	20 min.	5	1	0	1.10%
GA18	1	30 hrs.	3.5 hrs.	8	1	0	11.67%
GA19	1	30 hrs.	5hrs.40 min,	8	1	0	19%
GA20	2	66hrs	12hrs.	7	2	1	18%
GA21	2	60 hrs.	2.0 hrs.	9	2	0	12.50%
GA22	1	34 hrs.	5hrs.	6	2	1/2day/wk	14.70%
GA23	5	150 hrs.	8hrs.	18	5	0	5.30%
	Totals	1123 hrs. ^a	98.25 hrs. ^a	191 ^b	44	9.15 FTE	8.75% ^a

Notes to Table 5: a. Cumulative totals for hours do not include data from GA 4 and GA7; b. Totals for clerical staff do not include assistant clerks.

* Source: Connecticut Judicial Department, Court Operations Division.

Calculating Needs in Connecticut Based on Results from Other States. Using these estimates of FTE judicial officers and FTE clerical staff members now dealing with YO cases, it is possible to calculate estimated judgeship and clerical staff needs based on the results of NCSC workload studies in other states.

We have estimated above that the Judicial Branch currently has the full-time equivalent of 3.83 judges hearing YO matters in Connecticut GA court locations. Table 3 indicates that judges in other states use from 1.45 to 4.98 hours on delinquency cases for every hour they spend on the same number of limited-jurisdiction criminal cases. Based on this information, the Connecticut Superior Court would need between $(3.83 \times 1.45 =)$ 5.6 and $(3.83 \times 4.98 =)$ 19.1 additional judges to hear the cases of 16- and 17-year-old offenders when juvenile court jurisdiction is expanded.

Similar calculations can be made for court support personnel. If the Court Operations Division currently has the full-time equivalent of 16.7 courtroom clerks and office clerks dealing with YO matters in its GA locations, that the NCSC workload results suggest that it would need either 3.04 (New Mexico) or 3.15 (New Hampshire) times as many. That amounts to a total of $(16.7 \times 3.04 =)$ 50.8 or $(16.7 \times 3.15 =)$ 52.6 additional courtroom clerks and office clerks that would be needed to deal with the additional delinquency cases that would come under juvenile court jurisdiction.

As we note above in the text associated with Table 2, the Judicial Department has determined that there are certain number of minimum court support personnel needed for day-to-day operations at any given court location, including at least one paraprofessional assistant clerk; a court reporter/monitor; and six judicial marshals. In addition, there is a need for a certain number of court interpreters, victim advocates, and transportation marshals depending on factors somewhat independent of the minimum operational needs for each court location. If we combine the needs for such personnel with those for judges and clerical support staff as calculated in keeping with the results of NCSC workload studies in other states, we have the results shown below in Table 6.

TABLE 6. ESTIMATING ADDITIONAL JUDGESHIP AND COURT OPERATIONS STAFF NEEDS BASED ON FIXED PERSONNEL NEEDS FOR NINE REGIONAL JUVENILE LOCATIONS COMBINED WITH ESTIMATES FROM NCSC WORKLOAD STUDIES IN OTHER STATES

Description	Planned Judicial Request	NCSC Needs Estimate
Additional Judges	5	<i>5.5-19</i>
Clerk's Office Staff	9 Assistant Clerks; 9 Court Operations Assistants (Courtroom Clerks); and 18 Office Clerks / Administrative Clerks	9 Assistant Clerks; <i>51-53</i> Court Operations Assistants (Courtroom Clerks) and Office Clerk / Administrative Clerks
Court Reporter/Monitor	9	9
Interpreters	8	8
Victim Services Advocates	5 (Sharing multiple court locations)	5 (Sharing multiple court locations)
Judicial Marshals	48 (6 in each court location)	48 (6 in each court location)
Caseflow Management Specialist	1 (Central Office staff)	1 (Central Office staff)
Transport Marshals (with 4 vans)	8 (Sharing multiple court locations)	8 (Sharing multiple court locations)
<i>Total Non-Judge Staff Request</i>	<i>115</i>	<i>139-141</i>

Conclusion

NCSC concludes on the basis of its workload studies to help other states determine their judgeship and court support staff needs that juvenile delinquency cases typically require about three times as much effort as limited-jurisdiction criminal cases are given. In view of this, NCSC finds that the Judicial Department's estimate of a need for five additional judgeships and 115 court operations support staff is reasonable. In view of experience in other states, in fact, Connecticut may find that even more judges and staff may be needed.

APPENDIX.

RESULTS OF RECENT NCSC WORKLOAD ASSESSMENTS FOR COURT SYSTEMS IN OTHER STATES

APPENDIX.

RESULTS OF RECENT NCSC WORKLOAD ASSESSMENTS FOR COURT SYSTEMS IN OTHER STATES

Introduction

The transfer of Connecticut cases involving 16- and 17-year-olds from adult criminal court (where they are treated as “youthful offenders”) to juvenile court (where they are treated as “juvenile delinquents”) means that such cases will be treated differently. What does this mean in terms of the level of personnel resources that such cases will require if they are heard in juvenile court?

One way to anticipate the implications of this change for judgeship needs and court operations support staff needs is through workload indicators. In the past decade, NCSC has done a large number of workload assessments to help measure judgeship needs in many states. In addition, NCSC has done such assessments to help ascertain staffing needs in clerk’s office. In this appendix, we summarize the results of such assessments as they may be relevant to understanding the judgeship and clerical support staff implications of expanding juvenile jurisdiction.

Determining Judgeship or Court Support Staff Needs⁸

Cases in state courts vary in complexity. Different types of cases require different amounts of time and attention from clerks and court support staff. Focusing on raw case counts without allowing for differences in the amount of work associated with each case type creates an opportunity for the misperception that equal numbers of cases filed for two different case types result in an equivalent amount of work for the court. For example, a typical criminal felony case has a much greater impact on the resources of a court than a traffic case. Furthermore, certain other case types, such as domestic relations cases involving minor children and juvenile abuse and neglect cases, may require continued attention over a long period of time. Therefore, a method that can reliably account for the differences in the workload generated across various case types is necessary to accurately determine the number of judges or court support staff needed to handle the entire court caseload.

A Rigorous Methodology Based on Workload. NCSC has been conducting judicial and staff needs assessments for the last decade. These assessments provide courts with meaningful and easily understandable criteria for determining overall staff requirements, taking into consideration both case-related and non-case-related functions performed by staff. Needs assessment is a resource evaluation methodology that is being adopted by an increasing number of states to determine the need for court staff and judicial officers. The needs assessment “weights” cases to account for the varying complexity among court cases. By weighting court cases, an accurate assessment can be made of the amount of staff work time required to process the court’s caseload, (i.e., court staff workload) from filing to disposition. Moreover, needs assessment models

⁸ For more extensive discussion of methodologies for determining how many judges, quasi-judicial officers and clerical support staff a court needs to serve the public, see Flango and Ostrom, *Assessing the Need for Judges and Court Support Staff* (Williamsburg, VA: National Center for State Courts, 1996).

have the advantage of providing objective and standardized evaluations of staff resource needs among courts that vary in size and caseload mix.

The core of the needs assessment model is a time study whereby judges or court staff members track the amount of time they spend on the various case types under investigation. When the time-study data are joined with filing data for the same time period, it is possible to construct a “case weight” for each case type. Each case weight represents the average amount of time (in minutes) required for judges or court staff to process a case from filing to disposition. Applying the case weights to current or projected annual case filing numbers results in a measure of staff workload. When the workloads are divided by the amount of annual time available per person, the result is an estimate of judge or staff resource requirements. This approach, which involves few complicated procedures, is sufficiently rigorous to measure judicial and staff resource needs and evaluate resource allocations.

It is important to remember that even the most widely used and accepted resource assessment techniques, including the judge/staff needs assessment model, will not objectively determine the *exact* number of staff needed to stay current with caseloads. No quantitative resource assessment model by itself can accomplish that goal. To that end, NCSC judge and staff needs assessments use a statewide “Adequacy of Time” survey of judges or court staff in order to assess the working conditions in the courts. The results of this survey were used to obtain important performance perspectives useful for benchmarking current practice and informing case weight adjustment decisions. Given that a high percentage of total judges or court staff members typically complete the surveys, the results are both compelling and valid.

Key Concepts. Two fundamental pieces of information are necessary to determine the judge or staff resources required to handle the total workload demand. The two pieces of information are:

- *Workload.* Workload is generated from two components: (1) the case weights which are the average time spent on case processing as determined by the time study; and (2) the annual number of case filings. Multiplying these two values produces the workload estimate.
- *Resource Assessment.* The assessment of judicial or staff resources is based upon the following three calculations (1) judge/staff demand, 2) judge/staff availability and (3) judge/staff need.

The primary goal of a judge or court staff needs assessment study is to provide an accurate picture of the amount of time that judges or staff members need to resolve different types of cases in an *efficient* and *effective* manner. There are three phases to the study and each phase builds upon the product of the previous phase. First, the data collected during the time study are analyzed to produce a workload value. The workload value is a combination of the case weights (average time for each case type under investigation) and the annual case filings. Phase two applies the staff annual availability value to the workload value to determine the FTE demand for the court. Finally, in phase three, the FTE demand value is compared to the current FTE availability to generate the FTE need for the court.

Viewing Relevant Results from NCSC Studies

A workload assessment by NCSC involves an assessment of *all* the work that judges or court support staff must do, including case-related and non-case-related work, and covering all kinds of cases. In the expansion of juvenile court jurisdiction under contemplation in Connecticut, cases involving 16- and 17-year-olds as “youthful offenders” will be treated as juvenile delinquency cases.

It is not possible to determine with precision what will be the impact of this change on court resource needs for judges and court operations support staff. Yet one very helpful aid is to compare that amount of work that a misdemeanor or felony case requires in a limited-jurisdiction trial court (such as Connecticut’s “Geographical Area” or “GA” court locations) with what a delinquency case requires in juvenile court.

In the tables that follow, data from recent NCSC workload studies are presented that show the amount of work that adult criminal cases require in comparison to the amount of work that juvenile or juvenile delinquency cases require. Table B-1 shows workload results for judges, while Table B-2 shows weighted workload results for court clerk’s office support staff.

The numbers in these tables are the result of time studies carried out by NCSC with judges and court support staff, and they reflect the “weighted” time results from those time studies. The reader will note that there is considerable variation from one state to the next. Despite those differences, it is instructive to study the relative time devoted to delinquency cases as opposed to adult criminal cases.

TABLE A-1. COMPARISON OF CRIMINAL AND JUVENILE WEIGHTED JUDGESHIP WORKLOADS IN NCSC STUDIES, 1996 - 2006⁹

State (Jurisdiction, Year)	CRIMINAL				JUVENILE	
	Homicide	Felony	Criminal	Misdemeanors	Juvenile Delinquency	Juvenile Division
Guam (General Jurisdiction, 2006)		183		105		22
Nebraska (Limited Jurisdiction, 2006 update)		25		18	88	
Nebraska (Juvenile, 2006 update)					107	
New Hampshire (Limited Jurisdiction, 2005)			15.3	6.5		60
New Hampshire (General Jurisdiction, 2005)		185	65			
Maine (General Jurisdiction, 2005)	6,966	120	43			
Maine (Limited Jurisdiction, 2005)						69
North Carolina (Limited Jurisdiction, 2003)			11		29	
North Dakota (Limited Jurisdiction, 2003 update)		133.98		28.7	117.76	
South Dakota (General Jurisdiction, 2003 update)		15.12		32.76	63.36	
Puerto Rico (General Jurisdiction, 2003)		102		28	105	258
Minnesota (General Jurisdiction, 2002)	852	124	55	46	77	

⁹ Source: John W. Douglas, *Analysis and Functional Utility of the Current NCSC Weighted Caseload Model* (National Center for State Courts, Institute for Court Management, Court Executive Development Program, Phase III, work in progress, 2006-2007).

TABLE A-1 (continued). COMPARISON OF CRIMINAL AND JUVENILE WEIGHTED JUDGESHIP WORKLOADS IN NCSC STUDIES, 1996 - 2006

State (Jurisdiction, Year)	CRIMINAL				JUVENILE	
	Homicide	Felony	Criminal	Misdemeanors	Juvenile Delinquency	Juvenile Division
Iowa (General Jurisdiction, 2002)		106.45		33.84	152.31	
California (General Jurisdiction, 2001)		197		43	60	
Georgia (General Jurisdiction, 2001)		61.51		22.65	31.68	
Maryland (Limited Jurisdiction, 2001)			16.86			
Maryland (General Jurisdiction, 2001)						59.23
Florida (General Jurisdiction, 2000)	2,507	358	56		16	
Florida (Limited Jurisdiction, 2000)				10		
Wyoming (General Jurisdiction, 1999)			234			100
Wyoming (Limited Jurisdiction, 1999)		46		35		
North Dakota (General Jurisdiction, 1997)		126.56		28.7	117.76	
South Dakota (General Jurisdiction, 1997)		131.74		26.1	74.8	
Nebraska (General Jurisdiction, 1996)			129.98			
Nebraska (Limited Jurisdiction, 1996)		35.32		13.99		49.87

TABLE A-2. CRIMINAL AND JUVENILE WEIGHTED CLERICAL WORKLOADS IN NCSC STUDIES, 2001 - 2005¹⁰

State (Jurisdiction, Year)	CRIMINAL				JUVENILE	
	Homicide	Felony	Criminal	Misdemeanors	Juvenile Delinquency	Juvenile Division
New Hampshire (Limited Jurisdiction, 2005)			89.1			280.62
New Hampshire (General Jurisdiction, 2005)			280.62			
New Mexico (General Jurisdiction, 2004)			1120		665	
New Mexico (Limited Jurisdiction, 2004)		238		199		
New Mexico (Limited Jurisdiction - Metro, 2004)		207		181		
North Dakota (General Jurisdiction, 2004 update)		264.07		127.74		64
Oregon (General Jurisdiction, 2001)		719		378	360	
South Dakota (General Jurisdiction, 2001)		149.77		115.56	88.18	
North Dakota (General Jurisdiction, 2001)		250		123		57.89

¹⁰ Source: John W. Douglas, *Analysis and Functional Utility of the Current NCSC Weighted Caseload Model* (National Center for State Courts, Institute for Court Management, Court Executive Development Program, Phase III, work in progress, 2006-2007).

APPENDIX G

**Hornby Zeller Associates, Inc.
“Connecticut Service Needs Study:
16 and 17 Year-Old Court-Involved Youth”**

**CONNECTICUT SERVICE NEEDS STUDY:
16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH**

FINAL REPORT

Prepared for:

**STATE OF CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION**

and

DEPARTMENT OF CHILDREN AND FAMILIES

Prepared by:

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New York – Maine – Arkansas – Florida – Nevada – Pennsylvania**

January 29, 2007

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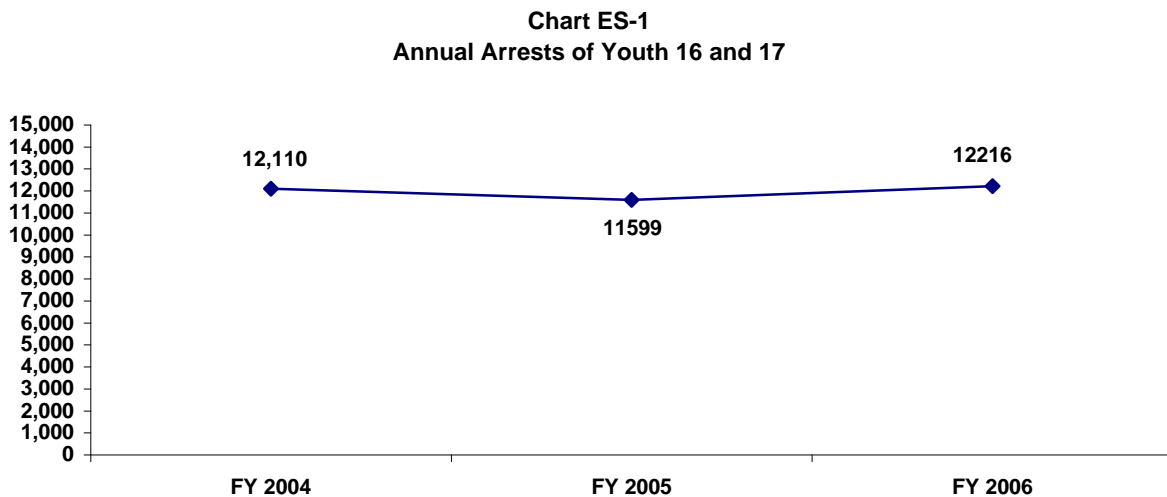
EXECUTIVE SUMMARY

The Judicial Branch of the State of Connecticut, Court Support Services Division (CSSD) contracted with Hornby Zeller Associates, Inc. to conduct a service needs study of court-involved youth who are 16 and 17 years of age. The basic purpose of the project was to identify and quantify the services which the State of Connecticut will need to develop in order to make the transition of 16 and 17 year-old youth from the adult correctional system to the juvenile correctional system successful. This requires answering at least four questions:

- 1) What is the size of the population needing services?
- 2) What are the needs of that population?
- 3) What services will address those needs most successfully?
- 4) What is the net cost of delivering those services to the population in need?

DESCRIPTIVE ANALYSIS

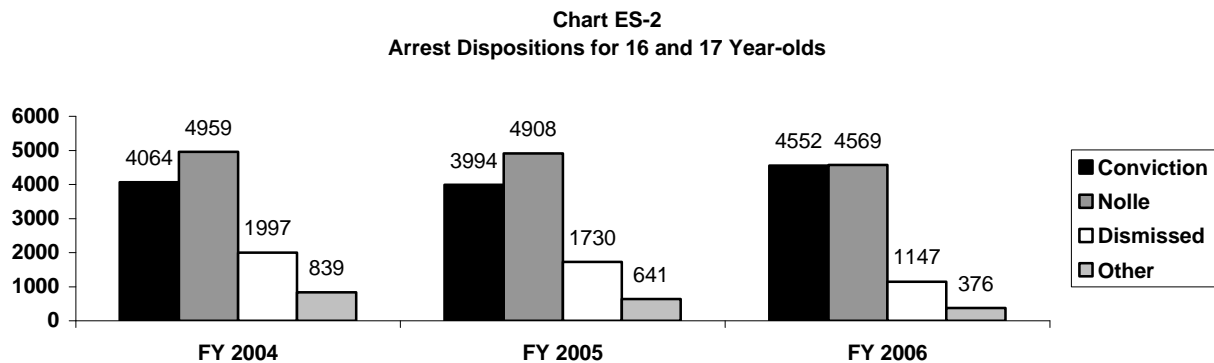
Chart ES-1 shows the frequency of arrests among 16 and 17 year-olds for the past three state fiscal years, FY 2004 to FY 2006. While there was a temporary decline of about five percent in FY 2005, the 12,000 plus figures for both FY 2004 and FY 2006 are quite close to one another.



While the frequency of misdemeanor arrests shows the same pattern of a slight decline and then a rise to a barely higher level, felony arrests have climbed more steadily, while arrests for “other” offenses have declined. Misdemeanor offenses occur approximately three times more frequently than felony arrests.

With just one in four arrests of 16 and 17 year-olds involving felony charges and such a large proportion having to do with disorderly conduct, it is perhaps not surprising that a majority of the cases are essentially diverted from the system, as represented by a

dismissal or *nolle*. During both FY 2004 and FY 2005, just over one-third of the cases resulted in a conviction. While that figure rose substantially in FY 2006, still over half of the cases are diverted. Chart ES-2 shows the trends.



With the population in question defined as those 16 and 17 years of age, the primary demographic characteristics of interest are gender and race. Just over two thirds are male and just under one-third are female.

The racial characteristics of the young offender population are less stable. Over 60 percent are White in all three years, but Black youth and Hispanic youth show opposite trends. In raw numbers the population of Black offenders grew by 190 (nine percent) while that of Hispanic offenders declined by 214 (28 percent) between FY04 and FY06, as shown in Table ES-1.

Table ES-1 16 and 17 Year-old Offenders by Racial/Ethnic Category			
	FY04	FY05	FY06
White	4,864	4,452	4,735
Black	2,043	2,174	2,233
Hispanic	751	681	537
Other	56	61	64
Total	7,814	7,443	7,665

POPULATION APPROPRIATE FOR DIVERSION

A description of the population appropriate for diversion can be gleaned from the existing population of 16 and 17 year-olds. When a youth is diverted from the system, an implicit statement is being made that he or she is not likely to recidivate, even without services being provided. Those who in fact do not re-offend were appropriately diverted.

Among those 16 and 17 year-olds CSSD now diverts among this population, 76 percent do not re-offend within one year of the disposition. Overall, this amounts to over 7,300

youth or about 61 percent of the total number arrested. No tool, however, is going to predict exactly who will or will not re-offend, so assuming that 61 percent of the population will be diverted is not realistic, if the transfer of this population to the juvenile system is going to achieve the success intended for it. Fifty percent is a more realistic estimate and one that is based on experience in the state of Florida with one of the validated tools discussed in this report.

The average population of 16 and 17 year-olds arrested over the past three years was 11,975. If half of these are diverted, that leaves nearly 6,000 youth (5,988 to be exact) who should be served when the population moves to the juvenile system. This is more than double the average of 2,351 youth who enter probation each year, so it represents both a substantial increase in the number who will receive services and in the level of services which are currently provided to make the transfer successful.

MODELS FOR IDENTIFYING THE POPULATION TO BE DIVERTED

Identifying the population to be diverted on a case specific basis requires a risk assessment, i.e., a method by which a juvenile offender's risk of recidivating can be accurately predicted. HZA determined that the following criteria would be important to consider when anticipating a change in tools:

- 1) It should be validated specifically for 16 and 17 year olds;
- 2) It should be validated for multiple races and genders;
- 3) It should allow for screening at intake using validated criteria so the appropriate population can be diverted;
- 4) It should allow for data to be imported from other systems to minimize workload and improve reliability;
- 5) It should assess a youth's strengths as well as risks and needs;
- 6) It should distinguish static from dynamic factors in assessing progress (reassessments);
- 7) It should logically lead to the identification of services and case planning.

HZA reviewed validated risk and needs assessment tools in use throughout the country, including the Level of Service Inventory and more specifically the Youth Level of Service Inventory. HZA examined the validation studies including research performed by the National Council on Crime and Delinquency, the Rand Corporation and the Washington State Institute for Public Policy, among others. From this review, the tools that seemed most favorable on validation studies are the Risk and Resiliency Check-up and the Washington State Juvenile Court Assessment. HZA also recently became aware that DCF is considering use of the COMPAS by Northpointe (called CONNCAP in its Connecticut version). This tool did not show up in the literature search, although it has been validated in the Georgia juvenile justice system and is in use in North Dakota, as well.

The Washington tool (which has two aliases for national distribution, Back on Track! and PACT (Positive Achievement Change Tool)) and the Risk and Resiliency Check-up are

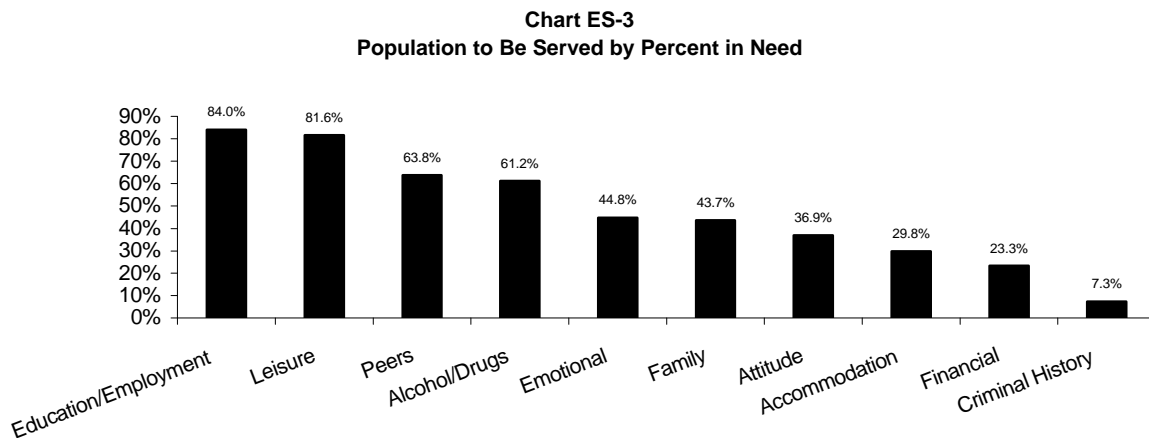
both automated, as is COMPAS. Between the two tools that HZA has examined in greater detail, the PACT meets more of the criteria set out above. PACT is now used in Washington and many other states including Alaska, California, Florida, Georgia, Idaho, Illinois, Iowa, Louisiana, Montana, Mississippi, New York, Illinois, Oregon, Texas and Wyoming (some with customizations and enhancements and some only in specific counties).

SERVICE NEEDS OF 16 AND 17 YEAR-OLD OFFENDER POPULATION

The most frequently cited need across the board is for education and employment services, with 84 percent of all youth showing this type of need. Nearly all Hispanic offenders, 96 percent, show this need, as do 87 percent of Black offenders, 81 percent of White offenders and 80 percent of offenders of other races and ethnicities. There are only two other needs which approach these levels of frequency: leisure time and peer influences. For leisure time Black offenders score highest on this need at 89 percent, compared to 86 percent for other races, 79 percent for Whites and 73 percent for Hispanics. White offenders are the only racial or ethnic group where peer influences pose a risk for fewer than 70 percent of the population, coming in at 58 percent.

White offenders are most strikingly different than offenders of other races and ethnicities in relation to emotional problems. Fifty-eight percent of Whites show this need, comparable to the percentage showing a need in relation to peers. In contrast, Black offenders exhibit emotional needs in only 24 percent of the cases and Hispanics in 25 percent.

Whites also score higher on alcohol and drug issues than do Blacks or Hispanics. Fully 68 percent of Whites show a need in relation to alcohol and drug issues (primarily related to alcohol), while 51 percent of Blacks are shown to have a need in this area and 45 percent of Hispanics. Chart ES-3 shows the percent of the total population not appropriate for diversion which exhibit each need.



CURRENT SERVICE DELIVERY SYSTEM

One of the ironies of the proposed move of the 16 and 17 year-old population from the adult correctional system to the juvenile justice system is that few, if any, of the services now in place will be available to these youth after the transition, at least under the terms of the existing contracts. The reason is fairly simple. CSSD, the only agency involved which provides pre-trial and probation-related services to the adult population, structures its contracts by dividing them between adult and juvenile, and once the transition occurs 16 and 17 year-olds will presumably no longer be eligible for services from the adult system. On the other hand, the state has also made a commitment that the transfer will not be permitted to impact the current juvenile population negatively, i.e., those under 16 will not receive fewer or less intensive services because of the influx of older youth into the juvenile system.

CSSD Contracts

For state fiscal year 2007, CSSD entered into 166 contracts with 63 service providers to offer pre-trial and probation-related services to both adults and juveniles. The total value of these contracts is \$58,105,423 with 63 percent going to adults and 37 percent going to juveniles. There are multiple contracts with the same provider both because some providers offer multiple types of services and because some contract with CSSD to provide the same type of service in multiple sites.

Aside from the range of services provided and the nearly \$60 million spent on probation service contracts, the most notable fact about the CSSD system is that the juvenile side has been completely re-tooled over the last three to four years. Based on an evaluation which reported that the juvenile service contracts at that time were less effective than services had been five years earlier, CSSD made a concerted effort to identify evidence based programs, i.e., services for which there was strong evidence of effectiveness, and to make those programs the heart of its juvenile probation system.

In addition to the re-tooling of its juvenile services, CSSD has also initiated a pilot program in New Haven for 16 and 17 year-olds as part of its preparation for the transfer of the population from the adult side to the juvenile side. Probation officers have smaller caseloads and a full range of community based services has been or is being developed and, to the extent possible, the services for which CSSD is contracting are all evidence based.

Programs Available through DCF

In state fiscal year 2007 DCF has entered into 269 contracts with 107 agencies to provide services to children, youth and families. Identifying which DCF services are actually utilized by juvenile offenders is, however, a much more difficult proposition than it is in the case of CSSD. DCF is essentially a child welfare agency which has been given responsibility for a relatively small portion of the juvenile offender population, i.e.,

those who are incarcerated in the training school or are otherwise committed to DCF, usually for residential placement. The services provided to offenders are overwhelmed in scope and cost by those provided to the child welfare clientele. A very rough measure of the disparity can be seen from the details of the contracts, where it appears that just three percent of the available units of service are made available to 16 and 17 year-olds.

DCF spends over \$17 million grant dollars exclusively on services to the juvenile justice population, without counting any of the training school costs. Moreover, it is clear that CSSD and DCF have been working in concert to bring evidence based practices to their work with young offenders.

EVIDENCE BASED SERVICES FOR JUVENILE JUSTICE

Many of the evidence based practices build on youth development concepts. They are largely designed to be motivating rather than punitive. The probation officer sets the tone for this type of intervention by using techniques such as motivational interviewing that have been found in numerous contexts to be effective.

There tend to be more tested programs in the mental health and substance abuse arenas than in others reflected here. While many examples are given in employment and education, they do not always have the same degree and rigor of testing. To make many of these programs work will require a highly skilled workforce in some instances (the specialized mental health treatments) and the cooperation of the community in the others. It will be critical for the agencies serving these youth to reach out to the schools, the community agencies for job placements and particularly the employment community. A strong outreach effort will be needed to give the youth positive real world experiences that build on their strengths and enhance pro-social interests.

Connecticut Evidence Based Practices

From a review of the CSSD adult and juvenile contracts and the DCF contracts, HZA assigned a contract to an evidence based practice if it appeared to be related to a nationally recognized evidence based practice. Other Connecticut contractors identified the practices that they follow as evidence based but HZA could not necessarily find an analog in the literature. The review indicated that:

- The largest proportion of evidence based practices is found in the CSSD Juvenile contracts, 30 percent.
- CSSD adult contracts have the largest proportion of Connecticut-identified evidence based practices, 20 percent.
- DCF juvenile and CSSD adult contracts spend 4 to 5 percent on programming that is recognized as evidence based in national literature for juveniles or youth. This is to be expected since the contracts costs cover many other needs for different service populations.

- The total spent on evidence based practices in the now is \$20,121,311. However, this includes funding for services to all the populations served by these agencies.

THE NEED FOR SERVICES

To calculate the gross estimate of costs here, HZA focused on broad categories of services and calculated averages of the costs per client within each category. There was no single source for cost information, particularly since some of the services are not currently provided in Connecticut. Thus, costs were calculated using a combination of contract information from both CSSD and DCF, as well as from the literature review conducted for this study.

Table ES-2 summarizes all of this information with estimates of the number to be served, the cost per client and the total gross cost of the services that will need to be provided to the 16 and 17 year-old population.

Table ES-2 Estimated Gross Costs of Services to Non-diverted 16 and 17 Year-old Population			
Service Domain	Estimated Youth	Cost per Youth	Total Cost
Clinical	3844	\$2500	\$9,610,000
Education / Employment	3621	\$3215	\$11,642,000
Housing	180	Variable	\$1,000,000
Relationships	4884	Variable	\$1,000,000
Total Not Diverted	5988		\$23,252,000

When this figure is adjusted to subtract the population likely to go into residential care with DCF, estimated at about 135 youth per year, the gross cost of probation services drops to \$22,740,000. In addition, HZA estimates that \$3.3 million is currently spent on the 16 to 17 year-old population in the adult system, and these costs should be transferred from the adult system to the juvenile system to continue to be available for the same population. That leaves the net cost of services at \$19.4 million.

Final Net Costs

If all the services this report suggests are needed are in fact provided, each 16 and 17 year-old youth entering probation would carry an contracted services price tag of \$3,885, up significantly from the estimated \$2,500 now spent on each new probationer and not counting the costs of probation officers and other non-contractual components.

Among those entering probation the recidivism rate for the most recent year available is 36 percent. That means that the system can expect to incur another \$3,885 for 36 percent of those entering probation. The average real cost for each youth starting probation is, therefore, \$5,284.

The final cost estimate is based on an improvement in recidivism of 10 percent. Assuming a starting point of 36 percent and a further 10 percent reduction after the implementation of the recommended services, the recidivism rate would drop to 32.4 percent. This would mean that each new probationer would have an average real cost of \$5,144, a reduction of \$140. The total annual savings on that is \$819,000, again counting only contracted services costs, not probation officers or anything else.

In sum, the estimated total net cost of the services recommended here is \$18.6 million. Should the impact of those services be greater than the conservative estimate made here, the cost will decrease correspondingly.

Sources of Reimbursement

For every 10 percent of the clinical services which could be reimbursed under Medicaid the state stands to recover about one-half million dollars. Those savings do not come automatically. Providers have to be eligible to provide the services, but that is something CSSD could encourage through its contracting decisions. Youth also have to be eligible, but the only major roadblock here is ensuring that someone do eligibility determinations. Other states already use Medicaid for clinical services to the non-incarcerated juvenile population and Connecticut could save substantial money if it did so, as well.

RECOMMENDATIONS ON SERVICES

Recommendation 1: The state should continue its current efforts to provide evidence based programs to include sufficient services for at least one-half of the 16 and 17 year-old offender population.

While it is clear that more 16 and 17 year-olds will be served when the transfer occurs, HZA estimates that about one-half of the population can safely be diverted from the service system. That will still require a significant increase in resources, estimated to be initially about \$19.4 million (net of what is currently spent on 16 and 17 year-olds) and, assuming success in reducing the rate of recidivism, eventually more like \$18.6 million.

Recommendation 2: The state should expand its clinical services to make evidence based clinical services available to the 16 and 17 year-old population.

The portion of the total estimated cost for the needed clinical services alone is \$9.6 million (gross cost prior to calculating the net figures). The specific clinical evidence based programs which should be expanded or introduced include the following:

- 1) Multi-systemic Therapy,
- 2) Functional Family Therapy,

- 3) Brief Strategic Family Therapy,
- 4) Family Integration Therapy,
- 5) Cognitive Behavioral Treatment,
- 6) Multi-dimensional Family Therapy and
- 7) Aggression Replacement Therapy.

Recommendation 3: The state should develop services which focus on education and employment of 16 and 17 year-olds including a concerted effort to work with other groups such as educators, employers and service organizations.

The overall cost for the needed educational and vocational services is \$11.6 million (again, estimated gross costs prior to any net calculations). In whose appropriation those dollars should go is a decision the Legislature will have to make.

Recommendation 4: The state should begin to provide services to address the accommodation or living arrangement needs of the 16 and 17 year-old population.

Given the variety of needs and the wide array of potential approaches, identifying a realistic cost for these services is virtually impossible. HZA's recommendation is that the state begin with a relatively small effort of about one million dollars to test different approaches. Such an effort should accommodate 40 to 50 youth a year, assuming one year in the program. As with the other non-evidence based practices, it will be important to monitor the outcomes of these services over.

Recommendation 5: Some funds should be devoted to exploring other approaches to addressing the needs of the 16 and 17 year-old population, including motivational interviewing for probation officers and mentoring.

Recommendation 6: CSSD and DCF, along with any other relevant state agency, should collaborate to ensure that federal reimbursement is obtained to the maximum extent possible, especially for clinical services for youth on probation.

As noted in the earlier discussion of costs, Medicaid reimbursement is almost certainly available for many of the clinical services to be provided to the probation population.

RECOMMENDATIONS ON MECHANISMS

Recommendation 7: **The state should move to an integrated service system for youth which links risk assessment, needs assessment, service planning and delivery, reassessment and outcomes.**

HZA is recommending an assessment, planning and service delivery process which overtly links each phase to the next and provides a feedback loop. Such a system permits the ongoing assessment of service effectiveness for each population and characteristic of individuals receiving the service.

Recommendation 8: **The state should use the criteria recommended below to select an automated system that will allow for the implementation of the integrated system described above.**

As suggested in this report, the state should use standard criteria to assess various systems for its fully integrated case management system. This might be the PACT system discussed extensively in the body of this report or the COMPAS/CONNCAP system currently being implemented at DCF or any other system which meets the criteria specified here. Of primary importance is that the system should have a screening tool with validated criteria that can be used at the first decision juncture so that the appropriate population can be diverted as well as included. The system should include assessments that have been validated specifically for the population in question, 16 and 17 year olds, and for specific races and gender.

Recommendation 9: **CSSD should expand and enhance its effort to track services and outcomes and should commit to making decisions about which services to offer based on the data from that tracking.**

This report has provided a set of recommendations about the services needed by the current population. As articulated multiple times, many of the services which are recommended for implementation or at least exploration are not yet supported by sufficient evidence of effectiveness. Both to ensure that services are appropriate for a population which is likely to change over time and to create the evidence it needs to make decisions about which services to offer and in what quantities, the court system needs to monitor its progress on an ongoing basis.

Recommendation 10: The state should ensure that the resources designated for the community based services recommended here are not consumed by increases in residential care which may result from the transfer of 16 and 17 year-olds to the juvenile system.

HZA's estimate of the number of youth likely to be placed into residential care is about equal to the number now incarcerated at the Department of Corrections. The upper end of the range of that estimate, however, would result in about one-third more youth going into residential facilities. While this level of placement is neither expected nor intended, major policy shifts such as this transfer often exhibit unintended consequences. It would be ironic if the effort to expand appropriate community based services for 16 and 17 year-old youth resulted in more non-community based service delivery. At a minimum, the issue needs further attention and ongoing monitoring.

Summary of Service Needs and Costs

LSI Needs Areas	Service Category	Number Needing Services	Cost Per Person	Total
Family/ Marital Alcohol/ Drugs Emotional/Per sonal Attitude/ Orientation	Clinical	3844	\$2500	\$9,610,000
Education/ Employment	Education and Employment	3168	\$3215	\$11,642,000
Accom- modation	Transitional Housing and Independent Living	180	Variable	\$1,000,000
Criminal History Financial Leisure/Recre ation Companions	Other	5988	Variable	\$1,000,000

INTRODUCTION

In recent years, there has been a national movement to set the age limit of the juvenile court's jurisdiction at the age of eighteen. This movement has largely been based on a combination of advancements in the state of knowledge about adolescent development, reductions in juvenile violent crime and a U.S. Supreme Court decision that prohibits death penalty sentences for offenders under the age of eighteen. In general, the research indicates that youth under the age of eighteen are not sufficiently knowledgeable about the legal process, that their basic cognitive and reasoning abilities are not as fully developed as those of adults and that they are less likely to trust their lawyers or be able to communicate with them as effectively as are adults in the criminal justice system.

For these reasons and others, most states have adopted legislation which minimally sets the age limit for the juvenile court's jurisdiction at the age of eighteen. Currently, Connecticut, New York and North Carolina are the three states yet to adopt such legislation.

While Connecticut recognizes that offenders ages 16 and 17 have developmental needs that are unique and different from other age groups, that is, they receive "youthful offender status," most 16 and 17 year-olds currently do not receive or have access to many age appropriate, evidence based services because they are tried and sentenced in the adult criminal justice system. For example, children and youth in the adult criminal justice system cannot access mental health treatment because they are too young to qualify for Department of Mental Health and Addiction Services (DMHAS) treatment. Other services that are also appropriate for this age group (e.g., Multi-systemic Therapy, Multidimensional Family Therapy) are also unavailable to youthful offenders ages 16 and 17 because these services are not provided to offenders in the adult criminal justice system.

Since there are approximately 12,000 offenders 16 or 17 who are arrested as adults in Connecticut every year, raising the age limit of the juvenile court's jurisdiction will inevitably pose some major system challenges. One of these is to identify the services currently in place for the 16 and 17 year-old offender population, identify the types of evidence based services that are needed but are currently not available for this age group and ultimately, identify the costs associated with either implementing new services or expanding existing services. In order to accomplish this task, the Judicial Branch of the State of Connecticut, Court Support Services Division (CSSD) contracted with Hornby Zeller Associates, Inc. to conduct a service needs study of court-involved youth who are 16 and 17 years of age.

PURPOSE

The purpose of this study is to provide CSSD and the Department of Children and Families (DCF) comprehensive information on the service needs for sixteen and seventeen year old court-involved youth. This includes an analysis of the specific risks, needs and strengths of youth involved in Connecticut's juvenile justice and adult criminal justice systems. In order to identify the services, programs and interventions that are most likely to be effective for 16 and 17 year-old court-involved youth, this information is then compared with data collected on services that currently exist, outlining in particular the service system strengths, weaknesses, costs and benefits.

METHODOLOGIES

While this project has used a wide variety of methodologies, all of them need to be understood within the context of the questions which the study is designed to answer. The basic purpose of the project is to identify and quantify the services which the State of Connecticut will need to develop in order to make the transition of 16 and 17 year-old youth from the adult correctional system to the juvenile correctional system successful. This requires answering at least four questions:

- 1) What is the size of the population needing services?
- 2) What are the needs of that population?
- 3) What services will address those needs most successfully?
- 4) What is the net cost of delivering those services to the population in need?

The Population in Need

Within the current structure, 16 and 17 year-old youth, when served at all, have access only to those services available to all adults in the correctional system. Because these services are geared towards the needs of the majority of the population and that population is primarily much older than 16 or 17, the existing services are often not appropriate for youth and will, in any event, not be available to them once they are transferred into the juvenile system. The current juvenile services, on the other hand, are already fully utilized by the existing juvenile population, i.e., those under 16, so adding the 16 and 17 year-old population to the juvenile system will require an expansion of services, if the current juveniles are not to be negatively affected by the change.

As will be seen below, the issue is even larger than that. At present, half to three-quarters of the 16 and 17 year-old population receive no services at all. Services, at least those of concern to this study which does not deal with the services provided to incarcerated youth, are provided only to the population placed on probation. Out of a total of about 12,000 youth arrests each year, only about 2500 are placed on probation. The juvenile system, on the other hand, assigns a probation officer and begins the

assessment of the need for services immediately upon arrest, well before the adjudication. In many, perhaps most cases, this results in some service delivery before a determination has been made as to whether the youth is to be placed on probation or even whether the youth actually committed the offense.

As the state moves 16 and 17 year-old youth into the juvenile system, there will be an obvious impact on the number of probation officers needed, but there will just as clearly be a need for services for a far larger population than is now served. At the same time, the question of cost is important and no assumption should be made that every 16 and 17 year-old offender needs services. Quantification of the size of the population in need depends, therefore, on distinguishing between those who will be successful without services and those who will need services to be successful.

From both a community safety perspective and from a youth development standpoint, the term “successful” in this context has to mean that the youth does not re-offend. The difference between the two sub-populations, therefore, is the likelihood of recidivism. While recidivism can be defined in a variety of ways, for purposes of this study it includes the same basic range of events that brought the youth into the system in the first place, i.e., arrests for misdemeanors and felonies. It would be ideal to count only those arrests which resulted in convictions, but the relatively short time period for which consistent data are available and the sometimes lengthy court processes leading to a verdict combine to make that qualification unfeasible for this study.

With this background, the quantification of the size of the population in need involves answering two sub-questions:

- 1) How many 16 and 17 year-olds are likely to enter the system each year?
- 2) How many of these can be expected to re-offend unless services are provided?

Because of changes in the relevant data systems in 2003, the first of these questions depends on an examination of the offending youth over the past three state fiscal years, i.e., FY 2004, FY 2005 and FY 2006.¹ As will be seen below, there is no particular trend in any direction in these numbers, although there has been an increase in the number of convictions during FY 2006. It is, however, not merely the convicted population which may need services, given the rather large number of cases which are given a *nolle* disposition or are dismissed, so the basic answer to the question of how many youth are going to come into the system is “about the same number as in each of the previous three years.”²

¹ The data being used here are the administrative data from the court system. One data set, CMIS, tracks those on probation, while the other tracks court events by docket number.

² **Nolle:** Short for *nolle prosequi*, which means “no prosecution.” This is a disposition of a criminal or motor vehicle case where the prosecutor agrees to drop the case against the defendant but keeps the right to reopen the case and prosecute at any time during the next thirteen months. The nolle is entered on the court record and the defendant is released from custody. If the defendant stays out of trouble during the thirteen months, the case is removed from the official court records.

The second question is answered by the same databases, enhanced by HZA staff reading a sample of case records of youth on probation. While the arrest histories of the youth, their demographic characteristics and some of their relevant service needs can be gleaned from the administrative data sources, the case reading was designed to identify those services which were provided to the youth. The case reading tool, which is found in Appendix A, was completed with information obtained from the narrative portions of the electronic case record.

Again, because of the current structure of the system, service information is available only for those on probation, because those are the only youth in this age range who receive services. However, by combining arrest histories, demographic characteristics, service needs and the services provided, HZA has designed statistical models to show which factors are most and least associated with recidivism. This last factor is more relevant for determining which services are effective in addressing which needs, but the first three provide a basis for identifying those who are likely not to re-offend without the provision of services and thus for subtracting them from the population in need.

Types of Need

The primary data source for the types of need 16 and 17 year-old youth exhibit is the Level of Service Inventory (LSI). This structured risk and needs assessment tool is automated and the data are maintained in the CMIS database.

However, the LSI is administered only to youth who are placed on probation. There is no systematic method for collecting similar information about youth with *nolle* dispositions or whose cases are dismissed. Therefore, HZA has had to extrapolate from the findings on youth on probation to the broader population.

The method of extrapolating has been to identify matching profiles in the probation and the *nolle*/dismissed populations. The profiles consist of a combination of demographic characteristics and arrest histories. The profiles were defined in terms of race/ethnicity, frequency of arrest and type of offense. The following matrix shows the resulting profiles.

	White – First Offense	White – Multiple Offenses	Black – First Offense	Black – Multiple Offenses	Hispanic – First Offense	Hispanic – Multiple Offenses	Other – First Offense	Other – Multiple Offenses
Felonies								
Misdemeanors								

When a youth would fit into multiple categories, e.g., multiple felonies and multiple misdemeanors, the youth was assigned to the most serious category.

For each profile frequencies were run to identify the most frequent needs for youth with risk ratings of either “high” or “surveillance” on the LSI. As will be seen later, the LSI

does not provide a reliable distinction between low³ and medium risks for several of the profiles, and this was the reason for restricting the identification of needs to those in the upper two levels. This does not mean, however, that those rated as low or medium risk are assumed to have no needs. Indeed, given the lack of predictive power the LSI exhibits for 16 and 17 year-olds, one should not rely on it to identify those in need. It is, however, better as a tool for identifying which types of needs the youth have.

As indicated above, the population in need of services was identified statistically. Having categorized all youth in the population into one or another of the profiles, those in need were then assumed to have the needs of the profiles into which they fit at the level, *at the level at which the profile showed those needs*. That is to say, if 80 percent of a given profile showed educational needs, 80 percent of the population in need which fit that profile was assumed to need educational services. Similarly, if 50 percent of that same profile showed emotional needs, 50 percent of the profile was assumed to need clinical services.

One should note that this process necessarily differs from that which is used to determine whether an individual youth has a given need. The purpose of this study is to arrive at aggregate levels of need, so that appropriate services can be developed for the entire population. Later discussion will consider the means of assessing each individual's needs.

Effective Services

At one level, identifying services to address needs is a relatively simple matter. If a significant portion of the population has emotional or mental health needs, clinical services should be developed. If many youth present needs related to living on their own, some types of transitional or independent living services are needed.

It is clear, however, that there are many different approaches which can be taken to address any given type of need, and not all the approaches will be equally effective. Even among those that are effective, it is likely that some will be more effective with some populations than with others. Aside from the need to make the recommendations of this study meaningful by saying something more than "more clinical services are needed," it would be impossible to estimate the cost of the needed services, if the recommendations could not be made more specific.

HZA used three data collection and analysis processes to identify the types of services which should be developed. These were a literature review, surveys of providers and interviews with judges, probation officers, parole officers and providers.

³ The LSI uses the term "administrative" to denote a low risk, because the basic purpose of the tool is to identify the level of supervision CSSD will provide. The term "low" is used here because it is more intuitive when focusing on risk rather than on the level of supervision.

The literature review (see Appendix E for a full description of the findings) was undertaken in order to identify evidence based practices in juvenile justice. CSSD and DCF had conducted a similar review after a 2002 report which caused them to re-tool their service contracts, and the findings from this review represent an updating of that earlier effort, although the review itself was conducted *de novo*.

In general, programs meeting the commonly accepted criteria for being “model” or “effective” programs were selected as those for which there exists sufficient evidence of their effectiveness that they could be included in the recommendations of this report. The majority of the programs which meet these criteria, however, are clinical programs, most targeted on mental and behavioral health issues and some focusing on substance abuse. The needs of the 16 and 17 year-old offender population are not, however, limited to these areas. There are equally serious needs for educational, vocational and transitional living services and the fact that there are few if any programs for which rigorous research exists on the effectiveness of these services should not imply that those needs should not be addressed. The recommendations of this report include, therefore, programs which are labeled only as “promising,” and one of the key recommendations is that the state continue and intensify its evaluation and research efforts so that the effectiveness of these and all services to juveniles can be measured on an ongoing basis.

Two mail surveys of providers were conducted, one for administrators and one for line staff. Instruments were sent to all service providers with whom either CSSD or DCF had a contract to service offenders under the age of 18. (See Appendix B for the instruments.) The original intent was to provide both quantitative information about the services provided which could not be gleaned from the review of contracts (see discussion below) and qualitative information about the respondents’ beliefs about the needs and services provided to young offenders. Despite the fact that instruments were sent to over 500 sites, the total return involved only 35 service sites including 34 administrators and 142 line staff, making the surveys less than ideal sources for quantitative data about service contracts.

With regard to the qualitative information yielded from the surveys, even here caution had to be exercised because of the low response rates. For this reason the qualitative responses were used primarily as confirmatory. That is to say, when respondents indicated that young offenders often had a given service need, that information was compared to the results of the LSI, and priority was given to the latter when there was a clear conflict in the information. Similarly, information from the literature review was taken as more indicative of what services are effective than was the information from the surveys, where there was conflict.

The interviews represented a similar effort to obtain qualitative information about needs and services, with no attempt to be literally representative. The interviews did, however, cover a wider range of stakeholders, including judges, probation officers, parole officers and providers. Over 40 persons were interviewed across the state and probably the most important information related to the needs of the offending population. The more

discursive format of the interviews allowed respondents to elaborate on their answers and therefore to provide contexts which were not as easily provided in the surveys. The interview instruments are found in Appendix C.

Cost Information

Cost information was needed to allow estimates of the costs which would need to be incurred to serve the 16 and 17 year-old population appropriately, once they had been moved into the juvenile system. The two major sources for this information were a review of existing services contracts with both CSSD and DCF (see Appendix D for the data collection instrument) and the literature review.

The review of the cost information in the existing contracts was guided by two assumptions. First, it was assumed that some of the expansion of services would involve expansion of existing services and that the new costs would be proportionately the same as the existing costs. Second, HZA made the assumption that all of the costs to be incurred for 16 and 17 year-olds would be new to the juvenile system, i.e., that existing services for juveniles would continue to be focused on the under-16 population and that there was no slack in the current system which could be taken up by the 16 and 17 year-old population.

The current contracts were an important source of information on costs for another reason, as well. The population to be moved to the juvenile system is already consuming some level of cost with the services it now receives. Those services are in the adult system and moving that population to the juvenile system will, on the face of it, free up the resources currently spent on 16 and 17 year-olds, allowing those resources to be transferred to funding the new services. While it is possible that CSSD will want to maintain the existing level of service in the adult system to serve the remaining adult population better, such a move should not be understood as part of the price of enhancing services for the 16 and 17 year-old population. In other words, while there is an assumption that 16 and 17 year-olds will not encroach on juvenile services, there is also an assumption that adults will not encroach on the services now spent on 16 and 17 year-olds.

In determining the costs of services, information from the contract review was used to estimate the cost of providing each service. Where a new service is being recommended and no information is available on costs from the current contracts, information was drawn from the literature review about the cost of that service.

As suggested above, the cost estimates represent net costs in that a calculation has been made first of the total costs of providing the needed services and then the current costs of providing services to this population have been subtracted. The final estimates are, however, net costs in a different sense, as well. To the extent that services are effective, the youth receiving those services will not recidivate and additional service costs will be avoided. These costs, too, needed to be subtracted from the total.

While some cost benefit studies simply compare the cost of providing the proposed service to the cost of providing a traditional or more intensive service, such a procedure in this instance would assume recidivism on the part of the entire population. That would be clearly inappropriate, because the majority of youth do not recidivate, at least not within the time frames used in this study. To avoid the kind of overstatement of savings involved in that approach, HZA used estimated success rates of the various services, as shown in the literature review, to estimate the cost which would be avoided by using the proposed services.

To take a simple example, assume that a given service has been shown through research to result in a decrease in recidivism from 30 percent to 20 percent. If one were to calculate accurately the total costs of serving an arrested youth in the system without the proposed service, one would need to assume that cost to be equal to 130 percent of the cost of serving the youth upon the initial arrest. In other words, for every youth receiving a service costing \$5,000 which was associated with a recidivism rate of 30 percent, the total cost of providing that service should be calculated as 1.3 times \$5,000 or \$6,500, with the last \$1,500 representing the cost of providing the service again to the proportion of youth who would recidivate. That is the real cost of the current system in this example. Moving to a new service which might also cost \$5,000 but has a recidivism rate of only 20 percent, the real cost is \$6,000, a savings of \$500 over the old service, resulting from fewer youth coming back into the system.⁴

This is the procedure HZA has used to calculate the final net cost of the services needed for 16 and 17 year-olds moving into the juvenile system. It should be noted, however, that these savings will not appear immediately, because they involve costs which would have been incurred upon recidivism. On the other hand, the definition of recidivism used in the study is limited to re-arrest within one year of disposition, so the savings should begin to accrue within 12 months of implementation and should, assuming normal rates of effectiveness, stabilize within 12 months after that. The final net estimate therefore represents the ongoing annual cost of providing the proposed services to the youth moving to the juvenile system.

Additional Research

One of the key elements in the estimates made in this study relates to the population appropriate for diversion from the system. That estimate, like the rest of the figures provided here, is an aggregate number. Such numbers can be calculated based on probabilities where some of the individuals included in the aggregate figure are not likely to fit the overall pattern. For those aggregate figures to be relevant in future practice, however, the court system will need to have some means of determining whether an

⁴ HZA has used a fairly conservative method of projecting cost savings. Since this is a service cost study we did not attempt to calculate savings in processing each arrest or savings to people or property who may be the victims of an action causing the arrest.

individual youth is appropriate for diversion, and none of the information provided up to this point will assist in that effort.

The current mechanism used to determine which services are appropriate for a given youth is the LSI. At present that tool is used only after it has already been decided that the youth will be supervised on probation, i.e., that he or she is not appropriate for diversion. The Juvenile Assessment Generic (JAG) serves much the same purpose for the juvenile population.

In order to determine whether either of these tools could potentially be used at an earlier point in the process, HZA performed validation analyses on both.⁵ Utilizing logistic regression, which reveals what impact a set of specific factors has on the ultimate outcome, the analyses showed that neither the LSI nor the JAG predicted future recidivism. Moreover, those analyses considered both the total risk scores and the individual items within the tool, and the only factors which showed any statistical significance were factors for which one does not need the tool.

Because neither of the existing tools appeared to be appropriate for determining whether individual youth should be diverted from the system, HZA then began a literature search to find other tools which have been validated elsewhere for this population and which could potentially be used in Connecticut. A number of tools were considered and the discussion focuses on one specific tool which appears to show the greatest promise. If this or some similar tool which meets the criteria laid out below is introduced and some youth are appropriately diverted while others are appropriately served, the state should see the results outlined in this report.

The report itself is divided into five sections consistent with the original Request for Proposals for this study:

- 1) **Summary Status** that provides a comprehensive detailed analysis of the characteristics of the population;
- 2) **Aggregate Youth Assessment** that identifies the risks, needs and protective factors of the population
- 3) **Contracted Programs** that provides a detailed examination of the service delivery system for the population;
- 4) **Gap Analysis** that identifies existing barriers in the service delivery system; and
- 5) **Recommendations** that provide a series of recommendations that may be used to improve programs and services for the population.

⁵ For the LSI in particular it needs to be remembered that the validation study only examined 16 and 17 year-olds. A study involving other populations might have different outcomes.

SUMMARY STATUS

DESCRIPTIVE ANALYSIS

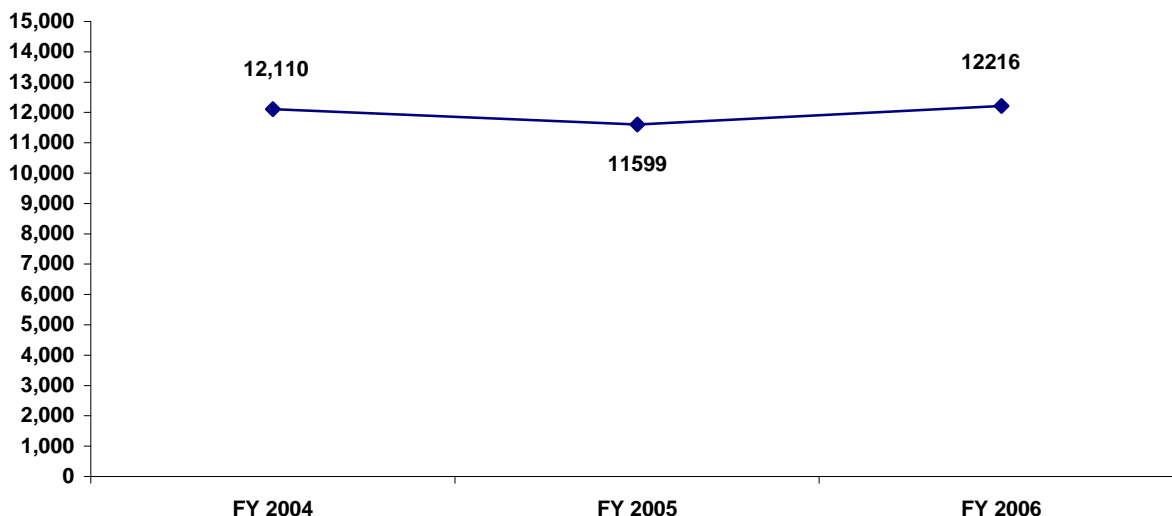
This section of the report is designed to answer the question of how many 16 and 17 year-old youth will need to be served, if their transition to the juvenile system is to be successful. This question can itself be divided into two more discrete questions: How many youth will come into the system each year? and, How many of these can appropriately be diverted?

To answer these questions, the discussion begins with an examination of the overall population and characteristics of 16 and 17 year-olds currently involved in Connecticut's adult criminal justice system. The descriptive analysis includes an examination of offense characteristics, as well as of the demographic characteristics of the population. These descriptive analyses provide the basis for estimating the number and characteristics of youth likely to enter the system on an annual basis. That is followed by an analysis showing which of these youth are unlikely to recidivate, even if services are not provided.

Offense Characteristics

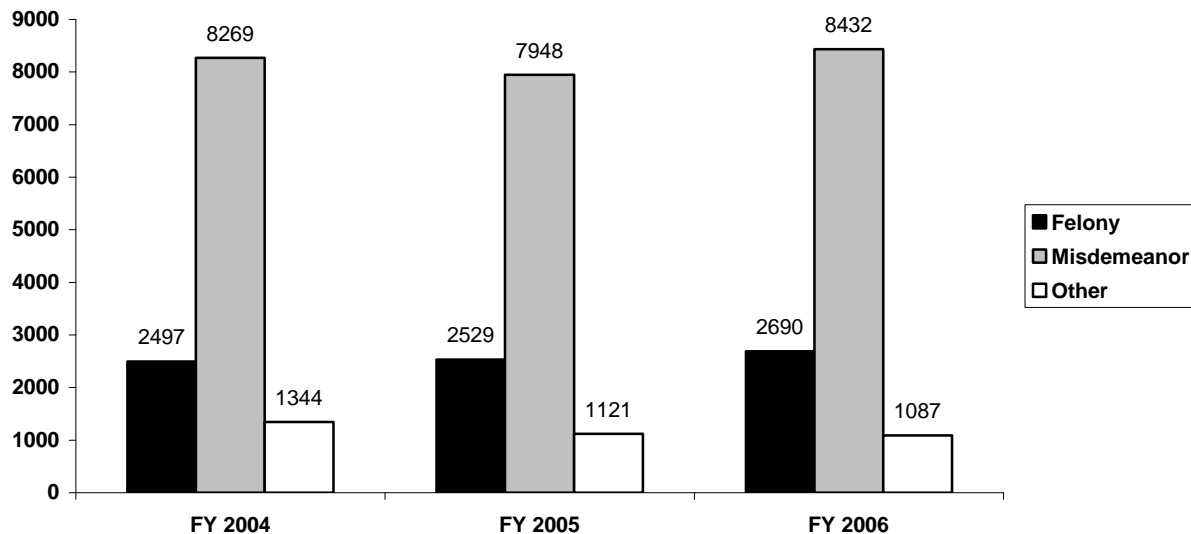
Chart 1 shows the frequency of arrests among 16 and 17 year-olds for the past three state fiscal years, FY 2004 to FY 2006. While there was a temporary decline of about five percent in FY 2005, the 12,000 plus figures for both FY 2004 and FY 2006 are quite close to one another.

Chart 1
Annual Arrests of Youth 16 and 17



While the frequency of misdemeanor arrests shows the same pattern of a slight decline and then a rise to a barely higher level, felony arrests have climbed more steadily, while arrests for “other” offenses have decreased. Misdemeanor offenses occur approximately three times more frequently than felony arrests.

Chart 2
16 and 17 Year-old Arrests by Type of Offense



When one examines the most serious types of charges involved in these arrests, a variety of patterns occur. Crimes against persons, for instance, are virtually constant in their frequency over the three year period, always constituting 11 to 12 percent of the total arrests. Weapons charges, on the other hand, represent less than three percent of all arrests of 16 and 17 year-olds but have shown a steady increase over the same time period, rising 32 percent, from 238 to 315. In contrast, motor vehicle charges, beginning from a much larger base, declined steadily, dropping 14 percent over three years. Table 1 presents the full breakdown of types of charges.

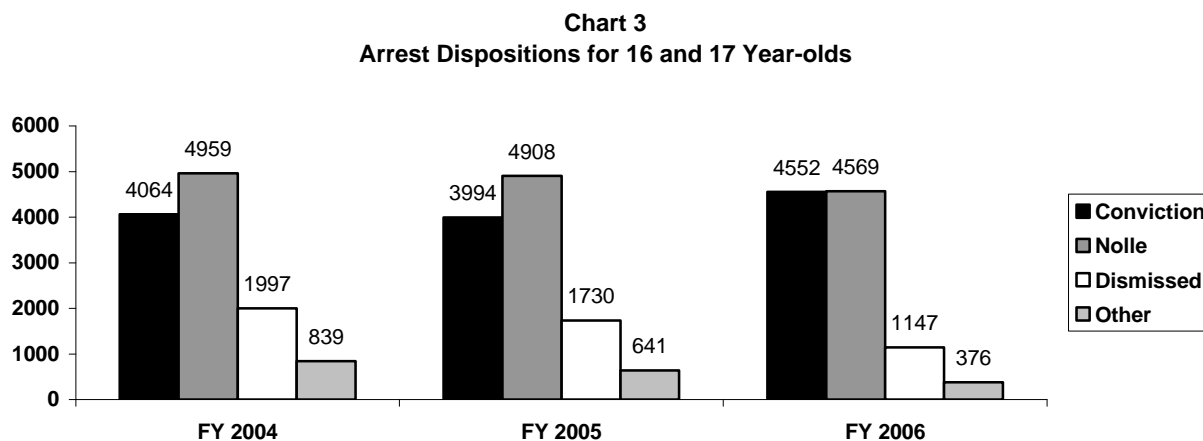
Table 1
Most Serious Type of Charge per Arrest

	FY 2004	FY 2005	FY 2006
Personal	1,377	1,398	1,403
Property	1,913	1,616	1,895
Drug	3,448	3,155	3,439
Motor Vehicle	1,006	976	870
Weapons	238	297	315
Public Order	3,430	3,344	3,624
Other	698	812	663
Total	12,110	11,599	12,216

Table 2 provides information about the specific charges involved in the arrests of 16 and 17 year-olds, showing the ten most frequent charges. For all three years, the single most frequent charge was breach of peace or disorderly conduct. When the second and third most frequently occurring charges are combined, sale of controlled substance and possession of controlled substance, the total roughly equals the number of disorderly conduct arrests. After accounting for these three and for assault, no other offense accounts for even five percent of the total in any year.

	FY 2004	FY 2005	FY 2006
Breach of Peace/Disorderly Conduct	2,607	2,588	2,625
Sale of Controlled Substance	1,517	1,345	1,406
Possession of Controlled Substance	961	913	1,059
Assault	942	964	959
Larceny	529	443	473
Interfere/Resisting Arrest	505	465	586
Criminal Mischief	464	421	453
Criminal Trespass	404	328	481
Failure to Appear	367	371	356
Possession of Drug Paraphernalia	358	371	299

With just one in four arrests of 16 and 17 year-olds involving felony charges and such a large proportion having to do with disorderly conduct, it is perhaps not surprising that a majority of the cases are essentially diverted from the system, as represented by a dismissal or *nolle*. During both FY 2004 and FY 2005, just over one-third of the cases resulted in a conviction. While that figure rose substantially in FY 2006, still over half of the cases are diverted. Chart 3 shows the trends.



Offender Characteristics

The previous analyses used arrests as the unit of analysis because it was the nature of the arrest that was being described. Here, the breakdown of demographic characteristics focuses on the youth themselves and therefore uses the individual youth as the unit of analysis. This is a much smaller number. The number of youths involved in offenses declined by one percent between FY04 and FY06, from 7,814 to 7,665.

With the population in question defined as those 16 and 17 years of age, the primary demographic characteristics of interest are gender and race. The gender composition of the population has not changed over the three years as shown in Table 3. Just over two-thirds are male and just under one-third are female.

Table 3 16 and 17 Year-old Offenders by Gender			
	FY04	FY05	FY06
Male	5,304	5,122	5,252
Female	2,483	2,299	2,395
Total	7,814	7,443	7,665

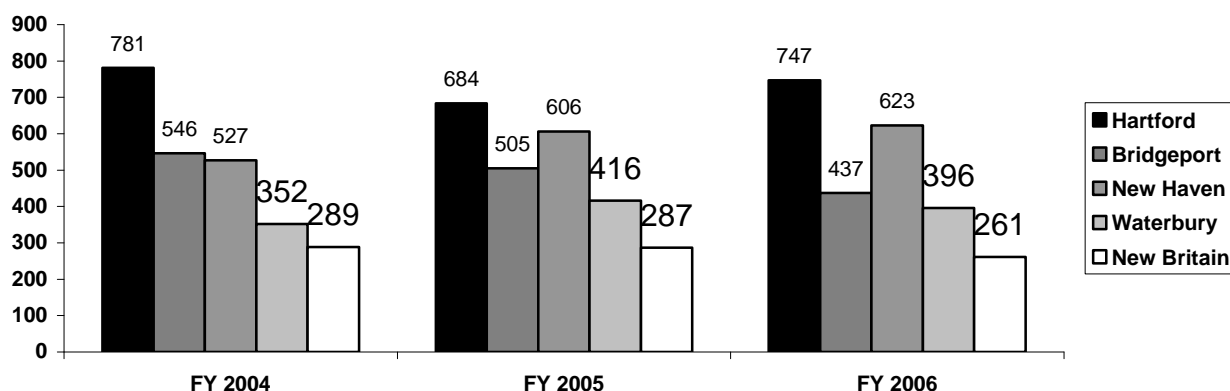
The racial characteristics of the young offender population are less stable. Over 60 percent are White in all three years, but Black youth and Hispanic youth show opposite trends. In raw numbers the population of Black offenders grew by 190 (nine percent) while that of Hispanic offenders declined by 214 (28 percent) between FY04 and FY06, as shown in Table 4.

Table 4 16 and 17 Year-old Offenders by Racial/Ethnic Category			
	FY04	FY05	FY06
White	4,864	4,452	4,735
Black	2,043	2,174	2,233
Hispanic	751	681	537
Other	56	61	64
Total	7,814	7,443	7,665

The variations in racial and ethnic make-up may be related to some fluctuation in the locations in which the arrests occur. The five localities in which the most arrests occur are Hartford, Bridgeport, New Haven, Waterbury and New Britain. As Chart 4 indicates, during the first year examined here, the order in which those cities are listed was also the order in which arrests occurred most frequently. By FY 2005, however, New Haven had passed Bridgeport because of both increases in New Haven and decreases in

Bridgeport. Moreover, by FY 2006 Waterbury was closing the gap with Bridgeport, primarily because of the sharp drop in youth arrests in Bridgeport.

Chart 4
Top Five Cities for Arrests of 16 and 17 Year-olds



POPULATION APPROPRIATE FOR DIVERSION

While the general expectation is that the proportion of the 16 and 17 year-old population to be served will increase when the transfer to the juvenile system occurs, it also seems clear that, to keep costs reasonable and not to dilute the services to those who do receive them, something less than the entire transferred population should receive services. Clearly, some criteria will need to be developed to distinguish accurately between those who can safely be diverted and those for whom services and supervision are needed.

On an ongoing basis CSSD will obviously need to make that distinction in each individual case, and the next chapter discusses that process and some of the tools available for that purpose. For this study, however, some estimate of the population to be diverted needs to be made in order to determine the size of the remaining population which should be served. Moreover, there would ideally be a fairly close relationship between the characteristics of those estimated to be diverted in this aggregate analysis and the characteristics of those who will actually be diverted once the jurisdictional transfer occurs. Otherwise, the recommendations relating to the mix of services presumptively needed may differ from the mix actually needed.

A description of the population appropriate for diversion can be gleaned from the existing population of 16 and 17 year-olds. When a youth is diverted from the system, an implicit statement is being made that he or she is not likely to recidivate, even without services being provided. Those who in fact do not re-offend were appropriately diverted. Among those 16 and 17 year-olds CSSD now diverts among this population, 76 percent do not re-offend within one year of the disposition. Overall, this amounts to

over 7,300 youth or about 61 percent of the total number arrested. A statistical analysis indicated that three types of offenses were *absent* among the population that did not recidivate: criminal motor vehicle offenses, drug offenses and offenses against persons. These are, of course, not the only or perhaps even the primary factors which should be used in a screening tool, but they do represent a description of what the population to be diverted looks like.

No tool, however, is going to predict exactly who will or will not re-offend, so assuming that 61 percent of the population will be diverted is not realistic, if the transfer of this population to the juvenile system is going to achieve the success intended for it. Fifty percent is a more realistic estimate and one that is based on experience in the state of Florida with one of the validated tools discussed in the following chapter.

The average population of 16 and 17 year-olds arrested over the past three years was 11,975. If half of these are diverted, that leaves nearly 6,000 youth (5,988 to be exact) who should be served when the population moves to the juvenile system.⁶ This is more than double the average of 2,351 youth who enter probation each year, so it represents both a substantial increase in the number who will receive services and in the level of services which are currently provided to make the transfer successful.

⁶ It should be noted that this is a duplicated count, calculated from the total number of arrests, not from the total number of unique youth entering the system. The duplication is, however, appropriate, because some youth offending more than once during a year are likely to have different decisions made about their cases, e.g., *nolle* the first time and probation the next, while others are likely to be sentenced to probation multiple times during the year and to be provided either the same service multiple times or different services after each arrest.

AGGREGATE YOUTH ASSESSMENT

This section examines both the tools used by CSSD and DCF to assess youths' risk of recidivism and needs for services and the results of those tools. The most frequently used tools are the Level of Service Inventory (LSI), which is used for adults to set the level of supervision the individual will receive from CSSD and the services he or she will receive and the Juvenile Assessment Generic (JAG) which is used as part of a pre-dispositional assessment for juveniles. Under the existing structure 16 and 17 year-olds who are placed on probation are assessed with the LSI, while it is anticipated that the JAG will be used when those youth move into the juvenile system.

The first part of this section reports the results of validation studies conducted on the two tools. In both instances the basic test of whether the tool is valid is its ability to predict recidivism for the relevant population, with recidivism defined as a re-arrest for a felony or misdemeanor within 12 months.⁷ For the LSI this reveals whether the current classifications of the 16 and 17 year-old population are appropriate, i.e., whether higher levels of supervision are consistently being given to youth with greater risks of recidivism. For the JAG a showing of validity suggests but does not prove that the tool is likely to be valid for the 16 and 17 year-old population, although it is currently used only for juveniles. A showing of a lack of validity with the younger population likewise suggests but does not prove that the tool may not be any more appropriate for the older population than it is for the younger population.

Both because the results of these validation studies suggest that neither tool is a particularly good predictor of recidivism and because both tools are designed to be used after a decision has already been made to provide services, the second part of this section provides the results of HZA's exploration of other tools. Of particular importance here is the availability of validated screening tools which would permit identification of youth appropriate for diversion.

The final discussion in this section deals with the types of needs the current 16 and 17 year-old offender population exhibit. Regardless of the ability of the LSI to predict future recidivism, there seems to be little doubt about the tool's ability to identify the kinds of service needs the youth have. This discussion thus sets the stage for the next section of the report which will deal with the services currently available and the services which are needed to meet the needs discussed here.

⁷ In the previous section the 12 months were measured from the point of disposition. Because the LSI and JAG may be administered substantially after the disposition, the measurement here is from the point at which the tool was administered. This avoids circular results caused by LSI and JAG scoring after recidivism has already occurred.

VALIDATION OF THE LSI AND JAG

Results of Previous Studies

In the fall of 2005, Justice System Assessment and Training (J-SAT) completed validation studies of both the LSI and the JAG. The results of HZA's validation study need to be placed into the context of those reports because of both differences and similarities. Perhaps the most obvious difference lies in the populations for which the studies were conducted, at least for adults. While the definition of the juvenile population is the same for both studies, the J-SAT study of the LSI used the entire adult offender population. This study focuses solely on 16 and 17 year-old offenders, and the results may be very different for that reason alone. The comparison also underlines the point that HZA's study does not attempt to make any broader statement about the validity of the LSI for adult offenders.

Juvenile Assessment Generic

Connecticut uses the Juvenile Assessment Generic to determine the likelihood that juvenile offenders will re-offend and to determine the degree of supervision and the types of services which they should be provided. From a purely statistical point of view, J-SAT's results of the validation of the JAG were positive. The study did find significant correlations between the scales and subscales and subsequent recidivism. However, from a practical standpoint, the results were disappointing. The authors reported that the correlations which existed were weak and that the tool was generally not a good predictor of recidivism. In addition, the reliability of some of the subscales was also deemed to be low, meaning that the results were not consistent across reviewers and/or populations.

Within that broad finding, there were more nuanced results. For instance, one of the subscales, criminal history, was found to be predictive of new arrests for males, while two subscales, peers and personal values, and two overall measures, total risk and total protective score, were found to be predictive for females. In addition, the authors found that the JAG scales and subscales were predictive of recidivism (defined more broadly than just re-arrest) for Whites (more for female Whites than for male Whites) and for Hispanic females, but it was not for African Americans. Given the relatively large proportion of Black youth offenders, this is not an encouraging finding.

Level of Service Inventory

Some of J-SAT's findings related to the LSI were similar to those for the JAG, but there were also some differences. Perhaps, one of the most interesting findings was that offenders with minor offenses showed not only lower recidivism but also a better correlation between risk and recidivism. That same population, however, did not appear to be affected by the protective scale of the LSI.

Equally important was the finding that the tool was not a good predictor for minorities. In fact, minorities with lower risk scores tended to be re-arrested more frequently. In addition, Hispanics showed relatively high re-arrest rates at all risk levels.

There were also differences by gender. The authors found that the distinction between medium risk and high risk was not predictive of recidivism for men but it was for women. More generally, the subscales of criminal history, emotional, family and accommodation, along with the overall total risk score and the protective score, were predictive for men. For women, however, only criminal history, accommodation and total risk were predictive.

The actual correlations between risk and recidivism were higher than those found in the JAG, but they remained low for purposes of deciding on a day-to-day basis who was likely to recidivate, a not unusual finding in studies of this type. It should be remembered, however, that the study was conducted with the entire adult offender population, regardless of age. That is particularly important in light of the finding that male re-arrest rates decrease with age, while female rates increase.

JAG Validation

HZA's JAG review involved all 14 to 17 year-olds entering probation who had initial intake JAG assessments completed after starting probation. Within this universe, relatively small numbers of youth showed more than one probation episode involving separate JAG assessments, and each was considered given the focus on initial assessments rather than unique youth.

The assessments reviewed involved youth who were overwhelmingly under age sixteen (94 percent), mostly male (62 percent), 40 percent White, 34 percent Black and 25 percent Hispanic. Overall, 2,278 initial intake JAG assessments were analyzed. The reliability review made use of all of these assessments whereas the validity review was further constrained to those assessed no later than November 30, 2005 in order to assure adequate follow-up for evaluating recidivism.

Table 5 shows the distribution of "supervision levels" by the age group of the youth involved.

Table 5 JAG Supervision Levels by Age									
	Low		Medium		High		Very High		Total
Under 16	246	12.3%	935	46.8%	683	34.2%	136	6.8%	2000
16 or 17	10	7.8%	43	33.6%	60	46.9%	15	11.7%	128
Total	256	12.0%	978	46.0%	743	34.9%	151	7.1%	2128

Judging by the most widely reported reliability standard, which takes an internal consistency approach, both the total JAG score and its total “protective” score show reasonably strong reliability results which are consistent across gender, ethnicity, and age groups. There is, however, considerable variation in this regard among the instrument’s five risk sub-scales and four protective sub-scales. The Criminal History, Distress/Family, and Personal Values risk scales and the Distress/Family protective scale all show less consistency of response both overall and across all respondent groups than do other scales.

Turning to the realm of validity, the review produced considerable evidence of the JAG’s construct validity and concurrent validity but unfortunately much more limited support for its predictive validity. The first of these denotes patterns of association suggesting that the instrument measures what it purports to measure; the second and third are closely related to the first, referencing relationships with factors “external” to the JAG.

Scoring on the total instrument and specific sub-scales, for example, often differs significantly across dimensions or groups that would be expected to differ on scales focusing on these domains. Significant differences between older and younger youth on the Substance Abuse and Personal Values scales, on virtually all of the risk scales by ethnicity and many of the risk scales by gender⁸ all reinforce the case for the JAG’s validity in actually tapping its apparent domains of interest. In contrast, scoring on both the total and sub-scale scores universally showed no significant differences by time (year starting probation)—another suggestion of the JAG’s success at its intent.

The review also found evidence showing the JAG scoring significantly related to one-year recidivism. Youth with higher JAG-derived “supervision levels,” for example, showed higher rates of criminal recidivism. With some occasional exceptions, similar patterns also held across gender, ethnicity and year of probation, and were largely replicated with respect to many of the JAG sub-scale scores.

Other comparisons showed that scoring on selected JAG sub-scales was significantly associated with conceptually similar items included on the instrument but not factored into its main sub-scale or total scores. Within the Criminal History section, for example, reported parole/probation revocations, prior adjudications, prior incarcerations, and reported total time incarcerated were each significantly related to scoring on the corresponding sub-scale. In the Substance Abuse section where both risk and protective scales appear, more detailed patterns involving significant direct and inverse relationships were similarly born out. In the Distress/Family section a similar pattern held but was augmented with additional comparisons drawing on Connecticut DCF data supplied for HZA’s review. In almost every instance, youth with a history of court-ordered removals from home for each of numerous reasons including neglect, physical abuse, child drug use, parental drug use, child behavior problems or parental inability to

⁸ For example, males score significantly higher on Criminal History and Substance Abuse scales and females on the Distress/Family and Personal Values scales.

cope showed significant direct and inverse trends as expected in Distress/Family risk and protective scoring, respectively.

For all of the promise found for the JAG's validity here, the present review offers very little support for the instrument's practical usefulness in the area of predictive validity. The logistic regressions run for this review show the JAG largely ineffectual at improving predictions of future criminal arrests for the younger population involved here, over and above those based on basic demographic and case information. It should be noted that the dependent variable here—subsequent arrests for criminal behavior—differs from that used in the prior study, and also limited the rate of recidivism observed for this review. Nonetheless, the results clearly suggest severe limitations for the JAG at least for practical purposes of anticipating which younger youth on probation will face re-arrest on criminal charges. Virtually all of the models run involving the youthful population here ended by predicting scarcely any better than predictions based on the mean outcome alone—no subsequent arrest—without referencing JAG content at all.

Very slight improvements were achieved by fitting this model separately by race, although none appeared from fitting males and females separately. In each instance, only the “Personal Values” and corresponding protective scales showed significant contributions, but still without conferring any practical benefit (0% of re-arrests predicted accurately).

LSI Validation

The LSI is administered to adults sentenced to probation to set the level of supervision CSSD will exercise and to guide the choice of services to be provided during the probationary period. The former of these functions relies on a reasonable assumption that the level of supervision should be related to the likelihood of recidivism, so that component of the tool is designed to predict recidivism.

HZA used the same basic process to validate the LSI as it had done for the JAG. That is, statistical models were created which, in a step-by-step process, entered blocks of variables and the impact of each of these variables were measured while controlling for the others. The process starts with no variables and the ultimate accuracy of the predictions can be measured from this baseline. Then, the model uses a set of demographic or other characteristics of the youth and begins to include the fields from the risk assessment tool only later. When additional blocks of variables fail to enter the equation with any statistical significance, the process stops.

For the model HZA found most relevant,⁹ the initial accuracy was 52 percent. This results, however, simply from predicting no one to recidivate and finding that 52 percent

⁹ Several different models were tried, each with different variables. Ultimately, the one reported here was one that eliminated the impact of variables outside the LSI which were showing an effect but for reasons which could not be tied to any theoretical rationale.

of the population being studied did do so. The prediction was therefore correct for all of those who did not recidivate and for none of those who did.

Overall accuracy in the predictions improved only to 66 percent, once all the population's demographic characteristics, offense characteristics and LSI risk and protective factors were taken into account. For those not recidivating the predictions were accurate 71 percent of the time, compared to 60 percent for those who did recidivate.

Five non-LSI variables were significant, including being male (increased recidivism), being Black (increased), being White (decreased), being a juvenile transfer (decreased) and the number of months sentenced to probation (increased). There were three LSI risk factors in this model which indicated a statistically significant impact: criminal history, education and employment and leisure/recreation. Two of these impacts move in the expected direction, i.e., an identified risk because of criminal history or because of education and employment issues increases the probability of recidivism. The leisure/recreation risk factor, on the other hand, is counter-intuitive. An identified risk in this area is associated with a slightly decreased probability of recidivism.

In addition, two protective factors appeared as significant: leisure/recreation and alcohol/drugs. Both of these were significant and both showed that higher scores on the protective factors tended to reduce the likelihood of recidivism. Thus, leisure/recreation worked as expected as a protective factor but not as a risk factor.

Limited to the population of 16 and 17 year-old offenders, and indeed only to those already sentenced to probation, some general conclusions can be drawn about the validity of the LSI:

- 1) While the model attains about two-thirds accuracy in its predictions, most of that impact is a result of chance and factors outside the LSI;
- 2) The LSI factor which contributes most to the probability of recidivism among the 16 and 17 year-old population is criminal history, for which a risk assessment tool is not needed;
- 3) The LSI factor of education and employment operates as expected in the model, even after controlling for all other factors;
- 4) The two protective factors of leisure/recreation and alcohol/drugs act in the expected ways; and
- 5) The overall LSI score, along with the supervision level derived from that score, has no discernible association with the likelihood of recidivism, after the other factors are taken into account.

While these conclusions suggest that the LSI may not be terribly useful as a predictor of recidivism for 16 and 17 year-olds on probation, other tests indicated that the tool may be adequate as a needs assessment. Results from reliability and construct validity tests indicated that items within domains were correlating with one another as expected, that the tool was reliable across both population groups and time, that the supervision levels

did correlate with recidivism rates and that the substance abuse risk factor correlated appropriately with another unrelated tool's results, the Adult Substance Use Survey (ASUS). These are useful results, because the LSI is the only source from which this study is able to make some estimates about the types of needs 16 and 17 year-old offenders exhibit. On the other hand, the results here leave open the question of how the state will be able to identify those youthful offenders appropriate for diversion in the future.

MODELS FOR IDENTIFYING THE POPULATION TO BE DIVERTED

Moving the 16 and 17 year-old offender population from the adult system to the juvenile system is intended to and will change the way those youth are handled, shifting practice from a correctional orientation to a service orientation. This report makes the assumption, however, that a simple transfer which resulted in 16 and 17 year-olds being treated in exactly the same way as those under 16 are now treated would be unworkable. The primary reason is fiscal. At present every juvenile referred by the police to the court system is at least assessed for service need, whether or not he or she goes to court. Any screening out is done by the local police or by the local juvenile review boards acting in concert with the local police. Applying that practice to the 16 and 17 year-old population, most of whom are not now served, would dramatically raise the cost of the transfer and escalate the work of the local juvenile review boards, perhaps to unmanageable levels.

Such a situation can be addressed in at least two ways. One is to reduce the level of service to everyone and the second is to serve a portion of the population and not the rest. HZA assumes that the first frequently leads to poorer outcomes for virtually everyone and that the latter is preferable, if it is possible to identify accurately those who do not need services, i.e., those who are not likely to recidivate even if they receive nothing. It is for that reason that this report places such emphasis on the need to identify the population appropriate for diversion.

Identifying that population on a case specific basis requires a risk assessment, i.e., a method by which a juvenile offender's risk of recidivating can be accurately predicted. Neither the JAG nor the LSI appear to provide an adequate basis for making such predictions, at least for this population. Moreover, any tool that might be used to identify a population appropriate for diversion has to be used at the point at which diversion is possible. That may suggest that the JAG and LSI, both of which are used at later points in the process, might not be appropriate tools even if they were more predictive.

Because it views the capacity to target services to the right population as being so critical to the transfer of 16 and 17 year-old offenders to the juvenile population, HZA undertook additional research to identify one or more systems which could provide Connecticut with that capacity. That research turned up both the kind of tool being sought and a more comprehensive approach to assessment, planning and evaluation than had been anticipated. The next several pages first provide a background

framework and then describe the tools that were discovered. Further discussion of how much of the system should be utilized in Connecticut and how that might occur can be found in the Recommendations section of this report.

Risk and Needs Assessment Framework

A good deal of empirical research has led to the identification of factors which are predictive of juvenile recidivism (Mendoza and Birkbeck, 1996) Effective risk assessment tools address (Baird, 1985):

- 1) Age at first adjudication,
- 2) Prior criminal behavior (combined measure of number and severity of prior offenses),
- 3) Number of prior commitments to juvenile facilities,
- 4) Drug/chemical use,
- 5) Alcohol abuse,
- 6) Family relationships (particularly parental control),
- 7) School problems and
- 8) Peer relationships.

Connecticut requires an instrument, call it risk assessment or pre-screen, that can make a fairly accurate prediction at the point of intake.

While risk assessments are designed to predict recidivism, the term “needs assessment” refers to a method by which a juvenile’s needs are identified. Logically the needs assessment would be used to plan interventions, generally services and treatment, which would give the youth an opportunity to resolve the issues that brought him or her into conflict with the law in the first place, thus avoiding recidivism.

There is more variation in practice on the factors that are used to identify criminogenic and service needs. Needs assessments commonly address the following areas, some of which replicate the risk assessment:

- | | |
|-----------------------|----------------------------|
| 1) Criminal history, | 6) Family history and |
| 2) Education, | relationships, |
| 3) Use of free time | 7) Alcohol and drugs, |
| (recreation leisure), | 8) Mental health, |
| 4) Employment, | 9) Attitudes and behaviors |
| 5) Relationships, | and |
| | 10) Skills. |

More recent thinking on risks and needs emphasizes the relevance of assessing “protective factors,” as well as needs. Protective factors are those assets or areas of strength within a youth which can be used to offset needs. With a strengths-based approach these factors are used overtly to motivate the youth and to build the plan for

services or other community interventions. Items on the list above may prove to be strengths as well as needs and should be assessed from that perspective, as well.

In addition to risks and needs, an effective assessment process should be able to distinguish between static and dynamic factors, particularly when it comes time to do reassessments and to assess progress. Static factors are historic and cannot be changed, such as age at first arrest or history of physical abuse. Dynamic factors are circumstances or conditions that can be changed through intervention such as school performance. Dynamic factors can be used to guide treatments and services. They can also be used to measure improvement as reassessments are done.

When both risk and protective factors as well as static and dynamic factors are considered, four types of domain scores can be produced for each domain referenced above, such as education and use of free time: static risk, static protective, dynamic risk and dynamic protective. Scoring this way at the assessment update shows not only a decrease in risk score but also an increase in protective score. There is greater ability to demonstrate progress to the youth, the probation officer and the court, if need be, to target the areas most in need of work, thus increasing the refinement of plans and services.

Criteria for Selecting Tool

HZA determined that the following criteria would be important to consider when anticipating a change in tools:

- 1) It should be validated specifically for 16 and 17 year olds;
- 2) It should be validated for multiple races and genders;
- 3) It should allow for screening at intake using validated criteria so the appropriate population can be diverted;
- 4) It should allow for data to be imported from other systems to minimize workload and improve reliability;
- 5) It should assess a youth's strengths as well as risks and needs;
- 6) It should distinguish static from dynamic factors in assessing progress (reassessments);
- 7) It should logically lead to the identification of services and case planning;
- 8) It should be automated both so that the results can be tracked and so that management can review whether assessments are being completed;
- 9) It should have robust reporting functions including client specific but also aggregate and management reports (e.g., overdue assessments);
- 10) It should be well supported through curriculum, help desk, and training;
- 11) It should be customizable; and
- 12) It should have been used successfully in other states.

HZA reviewed validated risk and needs assessment tools in use throughout the country, including the Level of Service Inventory and more specifically the Youth Level of Service

Inventory. HZA examined the validation studies including research performed by the National Council on Crime and Delinquency, the Rand Corporation and the Washington State Institute for Public Policy, among others. From this review, the tools that seemed most favorable on validation studies are the Risk and Resiliency Check-up and the Washington State Juvenile Court Assessment (more about these below).

HZA also recently became aware that DCF is considering use of the COMPAS by Northpointe (known as CONNCAP in its Connecticut version). This tool did not show up in the literature search, but it has been validated in the Georgia juvenile justice system and it is currently being used in North Dakota, as well. Its 22 scales are also based on research. COMPAS/CONNCAP is a computerized data base and analysis system for criminal justice practitioners who must make decisions regarding the placement, supervision and case-management of offenders in community settings. It is of special relevance to probation, parole, jail pre-trial/early release and community corrections. COMPAS allows the person completing the tool to select any combination of its 22 scales to assist in supporting the decisions that need to be made. After building the selected scale sets, COMPAS/CONNCAP saves them for repeated use. COMPAS/CONNCAP also allows for re-testing over time to measure changes in dynamic scales. It thus appears to meet the criteria laid out above and may be as valid a choice for a tool as the ones discussed more fully below.

The Washington tool (which has two aliases for national distribution, Back on Track! and PACT (Positive Achievement Change Tool)) and the Risk and Resiliency Check-up are both automated, as is COMPAS. The first two are web-based and can be hosted by the vendor or on the local server.

Between the two tools that HZA has examined in greater detail, the PACT meets more of the criteria set out above. PACT is now used in Washington and many other states including Alaska, California, Florida, Georgia, Idaho, Illinois, Iowa, Louisiana, Montana, Mississippi, New York, Illinois, Oregon, Texas, Utah and Wyoming (some with customizations and enhancements and some only in specific counties within the state). The risk component was initially tested on 22,000 youth. Besides its reliability and validity testing with appropriate age, gender and race categorizations, one of the greatest advantages for Connecticut is that it has two forms, the pre-screen which can be used at intake to assess risk level and then the full assessment. The pre-screen is being used for diversion. HZA interviewed a juvenile justice administrator in Florida and learned that 51 percent of the youth score low on the pre-screen and are diverted as a result. The PACT recommendation for diversion has been accepted by the state's attorney there and has replaced other forms and processes formerly in use such as the supervisor's risk classification and the preliminary disposition report.

PACT is in the fourth generation of testing and refinement since its introduction in 1999. One of the tools it builds upon is the Youth Level of Service Inventory which was developed in 1996 by Hoge and Andrews. Another is the predictive validity tool developed by Baird in 1994, the Wisconsin Risk Scale. PACT adds the research by Hawkins and Catalano on "protective" factors (strengths or resiliency factors which can

offset risks or needs). It also includes a life or social skills section derived from the cognitive behavior approach to dealing with juvenile delinquency. It was reviewed by national and international experts before its initial implementation and reliability as well as validity testing. Since 1999 about 10,000 youth have been assessed annually in Washington alone using the tool. Assessment data are sent to Washington State Institute for Public Policy for validation and study. The tool has been automated and is available in a web-based version at Assessments.com where it is distributed it nationally.¹⁰ The Washington Institute continues to use the data for research.¹¹

The pre-screen tool, which would be the component most likely to be usable for identifying a population to be diverted from the system, has about 30 questions in four domains:

- 1) Record of Referrals (criminal history),
- 2) Social History,
- 3) Attitudes and Behaviors and
- 4) Mental Health.

The first two domains are used to calculate recidivism. The second two are optional at the pre-screen stage but many people elect to use them. The Mental Health section was derived from the MAYSI; the developers worked with MAYSI's author to incorporate it in the PACT. The pre-screen indicates whether the youth is at low, moderate, moderate-high or high risk of recidivating. The validation studies are based on the accuracy of these predictions in calculating recidivism. In Washington, low risk youth are assigned to minimum supervision caseloads where supervision is largely done by telephone. In Florida they are diverted since low-level surveillance techniques (youth checking in, for example) have been found not to be overly effective. The initial assessment can be used to set goals for the youth including court obligations, placing the youth in diversion or arrange for an intervention. In Florida the initial assessment is used to assign the youth to diversion (low risk), probation (medium risk), other forms of more intensive treatment (medium high risk), and residential care including non-secure and secure settings (high risk).

Full Screen

The full screen has about 90 questions, 30 of which are carried forward from the pre-screen. It is divided into twelve domains:

¹⁰ Many other tools are available from Assessments.com including the MAYSI and the Youth LSI.

¹¹ HZA did an independent analysis of Washington Juvenile Court Case Counts and noted a decline in delinquency petitions from 23,174 in 1998 to 16,005 in 2003, a decline of 30 percent.

- | | |
|-------------------------|------------------------------|
| 1) Record of Referrals, | 7) Family, |
| 2) Demographics, | 8) Alcohol and Drugs, |
| 3) Education, | 9) Mental Health, |
| 4) Use of Free Time, | 10) Attitudes and Behaviors, |
| 5) Employment, | 11) Aggression and |
| 6) Relationships, | 12) Skills. |

The full screen incorporates factors related to criminogenic needs as well as strengths. Each item offers several response options, allowing for narrative description of the risk, need and protective factors being assessed. The categories are similar to those assessed on the LSI. HZA's review of the specific factors indicated one area that seems to be lacking; the Skills section is based more on behavioral management than on independent living skills. Given the age of the population in Connecticut, this section should probably be amplified and the extensive research performed in the child welfare and mental health fields on independent living could be used as a research base.¹²

Plan with Evidence Based Practices

Both Washington and Florida are using the PACT to indicate not only level of risk but also specific services and interventions that fit with need. In Washington some of the service assignments are based on factors in the needs profile. To be assigned to an evidence based program the youth's specific assessment profile must match the risk factors addressed by that program. The program developers helped to identify the relevant risk profile criteria. Table 6 shows how the risk levels and profiles are mapped to evidence based practices.

Table 6		
Mapping Assessment Profiles to Evidence Based Practices		
Evidence Based Practice	Risk Level Criteria	Risk Profile Criteria
Coordination of Services (COS)	Low	Not Applicable
Aggression Replacement Training	Moderate to High	Aggression score of at least 1 point
Functional Family Therapy	Moderate to High	Family dysfunction scale of at least 6 points
Multi-systemic Therapy	High	Family dysfunction scale of at least 6 points

This table provides the beginning of a model for a more fully developed rational system which matches specific areas of strengths and needs to risk levels and the evidence-based services that overtly address those needs. The table contains the services

¹² A conversation with the President of Assessments.com indicates that enhancements can be made.

currently being tested in Washington for their ability to serve clients with the stated risk levels and risk profiles.¹³

Table 7 takes the same concept of matching risk and needs to services but begins with a domain in the needs assessment as an example. By mapping all of the needs domains in the assessment tool to the evidence based practices, where they exist, or promising practices, where they do not, the state can accomplish two objectives, one a system planning objective and the second a case planning objective. The first is to determine where a risk or need might exist but there is currently no service to fill it (HZA has begun this in the Services section below) and the second is to relate findings on an individual youth's needs assessment and risk levels to real services in the community. This approach allows for a more rational set of plans to be developed for the youth based on risks and needs. The software could also be used to identify when particular services are not currently available. CSSD has initiated this approach on paper by creating a spread sheet which relates currently available services to case status, risk level, primary need, target group, exclusion criteria and length of time in the program. The software would permit such an approach to be operationalized.

Florida will be building an enhancement to the PACT called "Book It." It is creating a module for all services and providers to be reflected in the automated system. Once an assessment is complete the module should allow for the appropriate services to be revealed according to need, risk level and community, including vacancy information. The Probation Officer will be able to enroll the youth in the service through the Book It function which will then update the database vis a vis vacancies.

Table 7			
Domain	Risk Level	Evidence Based Practice (Model or Effective)	Promising Practice
Education	Moderate	Juvenile Education Programs	
	Low to Moderate	School Transitional Environmental Program (STEP)	
Employment	Moderate		Community Restitution and Apprenticeship Focused Training Project (Project CRAFT)

Services Update: Progress Assessment

The median length of stay in probation for 16 and 17 year-olds is one year. During that time it is important for the probation officer to formally assess the youth's progress on the initial risk and needs factors, at least those that are subject to change, as well as the strengths or protective factors. There are two reasons. One is to encourage and praise achievement and the second is to redirect services as needed. It is useful to have

¹³ The services are being tested by Robert Barnoski (360) 586-2744 at the Washington State Institute for Public Policy.

automated tools which make the reassessments easier and which graphically displays the results; this is possible through the assessment systems under consideration. In addition, the reporting function shows overdue assessments and can be accessed by management.

SERVICE NEEDS OF 16 AND 17 YEAR-OLD OFFENDER POPULATION

Once the population to be served has been identified and quantified, the next issue is to identify the types of service needs that population has. The only existing data source for identifying needs is the LSI and that is administered only to the population on probation (and even then in reality only to about half that population). Because the probation population is likely to differ in significant ways from the currently diverted population, some reasonable mechanism needed to be devised to relate the two.

The basic answer was to match the two populations on key characteristics. The discussion of methodology above included a matrix HZA used to do just that, employing three variables: race/ethnicity, offense classification and whether the arrest was a first arrest or a subsequent arrest. The assumption was that youth on probation who had had the LSI administered to them would exhibit similar needs to youth without an LSI, whether or not on probation, so long as they had the same characteristics on all three factors. With that assumption, the types of services needed for the entire population to be served could be quantified.

The most frequently cited need across the board is for education and employment services, with 84 percent of all youth showing this type of need. Nearly all Hispanic offenders, 96 percent, show this need, as do 87 percent of Black offenders, 81 percent of White offenders and 80 percent of offenders of other races and ethnicities. There are only two other needs which approach these levels of frequency: leisure time and peer influences. For leisure time Black offenders score highest on this need at 89 percent, compared to 86 percent for other races, 79 percent for Whites and 73 percent for Hispanics. White offenders are the only racial or ethnic group where peer influences pose a risk for fewer than 70 percent of the population, coming in at 58 percent.

White offenders are most strikingly different than offenders of other races and ethnicities in relation to emotional problems. Fifty-eight percent of Whites show this need, comparable to the percentage showing a need in relation to peers. In contrast, Black offenders exhibit emotional needs in only 24 percent of the cases and Hispanics in 25 percent.

Whites also score higher on alcohol and drug issues than do Blacks or Hispanics. Fully 68 percent of Whites show a need in relation to alcohol and drug issues (primarily related to alcohol), while 51 percent of Blacks are shown to have a need in this area and 45 percent of Hispanics. Chart 5 shows the total number in need by category, while Chart 6 shows the percent of the total population not appropriate for diversion which

exhibit each need. The former figures, i.e., the raw numbers, will be used to quantify the need for each type of service.

Chart 5
Population to Be Served by Need

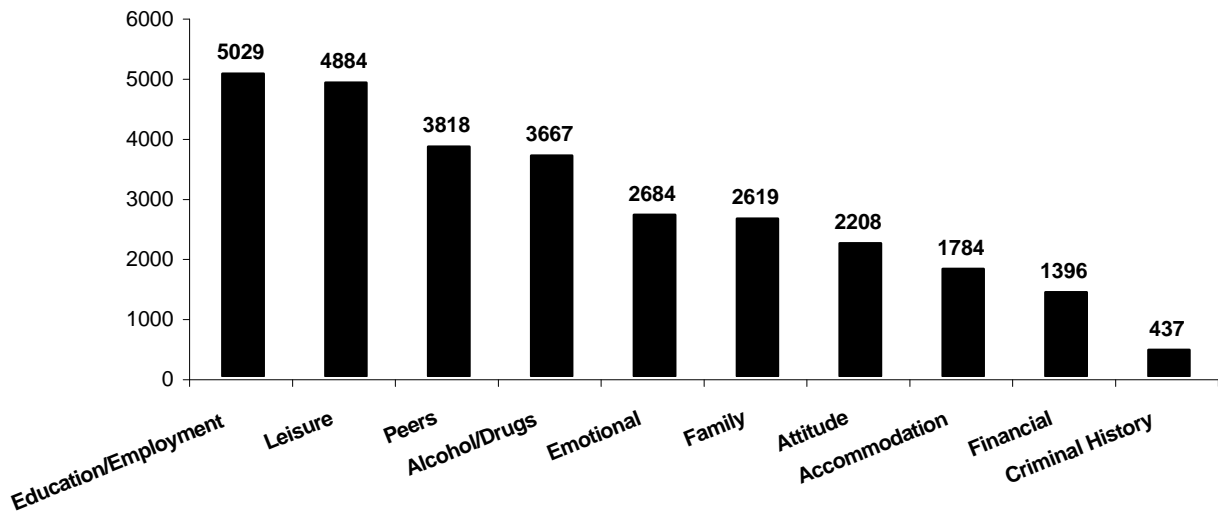
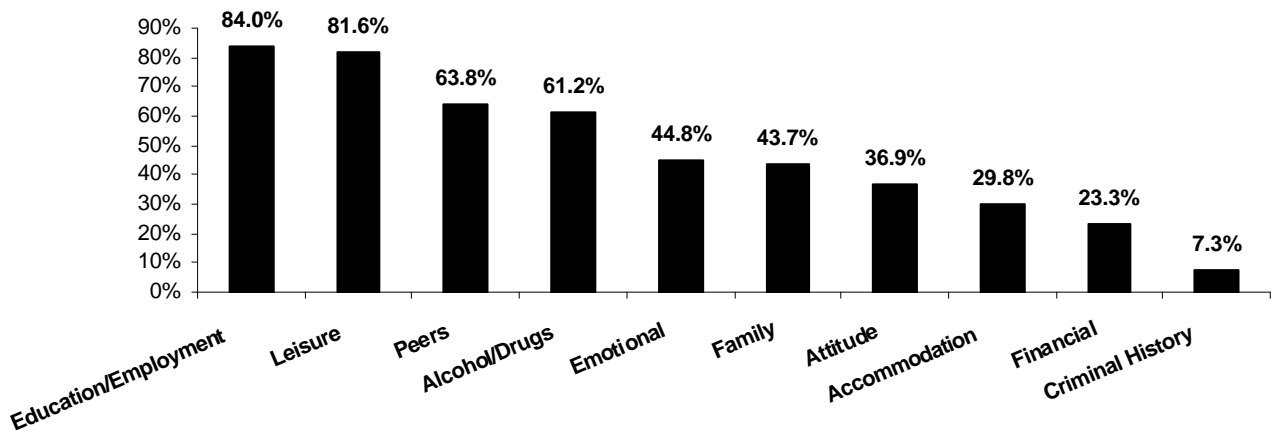


Chart 6
Population to Be Served by Percent in Need



SUMMARY OF CONTRACTED PROGRAMS AND EVIDENCE BASED PRACTICES

This chapter turns from a focus on the population served to the services which are and need to be provided to that population. The discussion begins with a brief overview of the current service delivery system, including consideration of the efforts CSSD and DCF have made over the past few years to transform that system. Attention then turns to the third of the four basic questions this report is designed to answer: which services will address the service needs of the 16 and 17 year-old offender population effectively? The first part of the discussion is drawn largely from HZA's review of service contracts from both CSSD and DCF. The second relies primarily on the literature review.

CURRENT SERVICE DELIVERY SYSTEM

One of the ironies of the proposed move of the 16 and 17 year-old population from the adult correctional system to the juvenile justice system is that few, if any, of the services now in place will be available to these youth after the transition, at least under the terms of the existing contracts. The reason is fairly simple. CSSD, the only agency involved which provides pre-trial and probation-related services to the adult population, structures its contracts by dividing them between adult and juvenile, and once the transition occurs 16 and 17 year-olds will presumably no longer be eligible for services from the adult system. On the other hand, the state has also made a commitment that the transfer will not be permitted to impact the current juvenile population negatively, i.e., those under 16 will not receive fewer or less intensive services because of the influx of older youth into the juvenile system. Thus, neither the CSSD services for juveniles nor the DCF services currently provided to juveniles will be available to the new population without an expansion of those contracts.

Despite these limitations, examining the existing contracted services is useful for at least three reasons. First, it provides an approximation of the current capacity of the private provider community to serve this population. Both the range and the size of that capacity are important, here, although it could be easier to expand the size than the range.

Second, the examination of current contracts is likely to suggest some on the adult side which should be expanded into the juvenile system, once the transfer of the population is made. If some of the services now utilized by the 16 and 17 year-old population are effective for those youth, the artificial barrier between "juvenile" and "adult" should not pose a barrier to continued use of those services.

Finally, as suggested in the discussion of the methodology, HZA assumes that the funds currently spent on adult services for the 16 and 17 year-old population will continue to be available for that population, rather than simply folded into services for

the remaining adult population. This is a question which will be considered in the next chapter, but it serves as one of the reasons for exploring the current contracts.

CSSD Contracts

For state fiscal year 2007, CSSD entered into 166 contracts with 63 service providers to offer pre-trial and probation-related services to both adults and juveniles. The total value of these contracts is \$58,105,423 with 63 percent going to adults and 37 percent going to juveniles. There are multiple contracts with the same provider both because some providers offer multiple types of services and because some contract with CSSD to provide the same type of service in multiple sites. These contracts are summarized in the two tables below. The first, Table 7, shows CSSD Adult Probation Service contracts. These services are available to 16 and 17 year olds now although the contract amounts shown in the Total Budget column reflect the cost for all age groups, not just the youthful offenders.

Table 7 CSSD Adult Probation Service Contracts		
Program Model	No. Contracts	Total Budget
Access and Visitation	1	\$ 30,000
Alternative Incarceration Center	12	\$14,711,156
Anger Management/Community Courts	1	\$ 13,210
Behavioral Health Services	40	\$ 2,948,737
Building Bridges	2	\$ 1,055,600
Community Court	2	\$ 2,869,863
Community Service Officers	6	\$ 236,652
Domestic Violence – EVOLVE	4	\$ 616,857
Domestic Violence – EXPLORE	7	\$ 307,380
Domestic Violence Intervention	3	\$ 187,409
Drug Intervention	6	\$ 1,204,426
Family Violence Education	10	\$ 398,927
Gender Specific – Female	1	\$ 547,449
Mediation Services	2	\$ 323,892
Residential Services, Halfway House	1	\$ 1,255,632
Residential Services, Jail Re-interview	1	\$ 617,521
Residential Services, Medical Detoxification	2	\$ 1,017,137
Residential Services, Project Green	2	\$ 1,468,031
Residential Services, Substance Abuse	3	\$ 1,348,365
Residential Services, Youthful Offender	1	\$ 1,030,802
Risk Reduction Center	1	\$ 1,035,550
Sex Offender Treatment	1	\$ 1,944,736
Women and Children Services	2	\$ 1,206,240
Zero Tolerance Drug Supervision	1	\$ 257,000
Other	1	\$ 33,073
Total	113	\$36,665,645

Over 40 percent of the adult contract funds go towards Alternative Incarceration Center services, and this is also the service which 16 and 17 year olds are most likely to receive. It should be noted, however, that the majority of funds expended on all of these contracts go to adults 18 and older.

Table 8 shows the 50 contracts whose services are available to juveniles through CSSD.

Table 8 CSSD Juvenile Probation Service Contracts		
Program Model	No. Contracts	Total Budget
Alternative to Detention	3	\$ 1,917,872
Center for Assessment - Respite Enrichment	2	\$ 1,728,030
Community Detention for Girls	2	\$ 3,531,247
Court Based Juvenile Assessment	5	\$ 202,995
Hartford Juvenile Review Board	1	\$ 200,000
Juvenile Diversion	2	\$ 162,506
Juvenile Risk Reduction	13	\$ 4,786,669
Juvenile Sex Offender Services	2	\$ 367,059
Latino Youth Offender Services	1	\$ 401,000
Multi-systemic Therapy	11	\$ 6,107,447
School Violence	3	\$ 48,000
Other	5	\$ 1,986,953
Total	50	\$21,439,778

Two program models with a total of 24 contracts account for more than half of CSSD's services for juveniles. Multi-systemic therapy receives the largest portion of the funding, while Juvenile Risk Reduction services are not far behind. As noted, however, none of these services is available to the 16 and 17 year-old offender population, except when the youth entered the system as a juvenile and remained on probation past his or her 16th birthday.

Aside from the range of services provided and the nearly \$60 million spent on probation service contracts, the most notable fact about the CSSD system is that the juvenile side has been completely re-tooled over the last three to four years. Based on an evaluation which reported that the juvenile service contracts at that time were less effective than services had been five years earlier, CSSD made a concerted effort to identify evidence based programs, i.e., services for which there was strong evidence of effectiveness, and to make those programs the heart of its juvenile probation system.

While the state of the art in services for young offenders is such that there are few evidence based services to meet some needs, CSSD has pushed sufficiently for vendors to demonstrate that their programs work that the contracts themselves often identify for which of the services the vendor believes there is strong evidence of effectiveness. One hundred contracts were found to provide that information, with the

most frequently identified evidence based practices shown in Table 9. The percent column represents the percent of contracts that report providing the service. Because some contracts provide more than one evidence based service the percent exceeds 100.

Table 9 Evidence based Practices as Reported by CSSD Contractors		
	Number	Percent
Seeking Safety	21	21%
Aggression Replacement Therapy	20	20%
Explore and Evolve	20	20%
Controlling Your Anger and Learning to Manage	16	16%
Motivational Enhancement Therapy	13	13%
Helping Women Recover	12	12%
Choices	10	10%
Reasoning and Rehabilitation	9	9%
Treating Alcohol Dependence	9	9%
Strategies for Self Improvement and Change	7	7%
Pathways to Change	6	6%
Criminal Conduct and Substance Abuse Treatment	5	5%
Other	38	38%

In addition to the re-tooling of its juvenile services, CSSD has also initiated a pilot program in New Haven for 16 and 17 year-olds as part of its preparation for the transfer of the population from the adult side to the juvenile side. Probation officers have smaller caseloads and a full range of community based services has been or is being developed and, to the extent possible, the services for which CSSD is contracting are all evidence based. Some, such as the Youth Risk Reduction Centers, are comprised of a variety of evidence based practices because research suggests that it is more effective to provide multi-modal programs on an intensive basis than it is to use a single treatment strategy on a more routine basis.

Programs Available through DCF

In state fiscal year 2007 DCF has entered into 269 contracts with 107 agencies to provide services to children, youth and families. Identifying which DCF services are actually utilized by juvenile offenders is, however, a much more difficult proposition than it is in the case of CSSD. DCF is essentially a child welfare agency which has been given responsibility for a relatively small portion of the juvenile offender population, i.e., those who are incarcerated in the training school or are otherwise committed to DCF, usually for residential placement. DCF also handles parole for youth committed to it. The services provided to offenders are overwhelmed in scope and cost by those provided to the child welfare clientele. A very rough measure of the disparity can be

seen from the details of the contracts, where it appears that just three percent of the available units of service are made available to 16 and 17 year-olds.

Nevertheless, DCF does fund a number of services exclusively for juvenile offenders and has a number of others which can be accessed by the offender population, as well as by the child welfare population. The following is at least a partial list of services which are available to the juvenile population, although not usually exclusively.

- Extended Day Treatment Program,
- Intensive Home Based Services (Functional Family Therapy),
- Intensive Home Based Services (Intensive In-home Child and Adolescent Psychiatric Services),
- Intensive Home Based Services (Multi-dimensional Family Therapy),
- Intensive Home Based Services (Multi-systemic Therapy),
- Juvenile Delinquency Prevention,
- Juvenile Justice Criminal Diversion,
- Juvenile Case Management Outreach, Tracking and Reunification,
- Juvenile Justice Intermediate Evaluation,
- Juvenile Review Board,
- Multi-dimensional Treatment Foster Care,
- One to One Mentoring,
- Outpatient Psychiatric Clinic For Children,
- Outpatient Treatment Services for Problem Sexual Behaviors,
- Parent Assessment Clinical and Educational Services and
- Spanish Language Clinical Services.

Table 10 displays the DCF contracts that incorporate evidence based practices. The percent column represents the percent of contracts that report providing the service.

Table 10 Evidence based Practices as Reported by DCF Contractors		
	Number	Percent
Functional Family Therapy	4	17%
Multi-systemic Therapy	6	26%
Multi-dimensional Treatment Foster Care	1	4%
Multi-dimensional Family Therapy	3	13%
Intensive In-home and Adolescent Psychiatric Services (IICAPS)	9	39%
Outreach Tracking Reunification	1	4%

DCF spends over \$17 million grant dollars exclusively on services to the juvenile justice population, without counting any of the training school costs. Moreover, it is clear from the above list that CSSD and DCF have been working in concert to bring evidence based practices to their work with young offenders.

Summary

While it is impossible to say exactly how much is spent by either agency on the relevant populations, it is clear that it is a substantial amount. It is also clear that both agencies have made conscious efforts to increase the effectiveness of their services. As noted above, however, because the transfer of the 16 and 17 year-old offender population is likely to bring with it a virtually complete change in services, current capacity can only be suggestive of the agencies' readiness to take on the challenges of the transfer. The discussion below begins to spell out what types of changes will be required, at least in the service arena.

SUMMARY: PROGRAMS WITH EVIDENCE OF EFFECTIVENESS

Current thinking on effective service planning is reflected by the Commission on Positive Youth Development (2004) which emphasizes the need to focus on youth's talents, strengths, interests and future potential rather than on their deficits. Positive youth development recognizes adversities but builds on strengths and resiliencies. However, resiliency alone is not enough to overcome all ills; adolescents are not impervious to unrelenting adversity. In addition to developing positive individual characteristics they must have positive experiences in their families, schools and communities (Franks, 2006). Many of the practices that are emerging as "evidence based" put into practice the principles of positive youth development. They address various types of adversities such as depression, substance abuse, and lack of impulse control by building resiliency within the youth and his or her surroundings. Factors that promote resiliency depend upon the underlying problem. For example individual factors that impact resiliency are self esteem, academic achievement, physical appearance and sexuality. Family factors that affect it are the presence of family itself, the relationships between and among family members, the expectations parents set, and parental attitudes towards use of drugs and alcohol.

Teenagers in particular are motivated to pursue pleasure, to pursue engagement with other people and to pursue meaning in their lives (even if defined in a skewed way). While it is difficult for any system, even the mental health system, to refocus its therapeutic approach on strength and resiliency factors it is even more daunting to expect a justice system, or probation officers in particular, to adapt this approach. As one probation officer interviewed for this study reported, "Many officers have adopted authoritarian approaches in the belief that they will be perceived as being on the side of the 'good guys.' Should one of their cases 'blow up,' they believe they will be less vulnerable to blame." People pointed out that some youth, particularly low risk offenders, do less well with heightened scrutiny, and this has been borne out in the literature. It may be due to labeling, pro-criminal behavior modeling, resentment, increased detachment from society, increased callousness, learned deviousness, or perhaps increased likeliness of being caught. Higher risk youth, many of whom have experienced trauma, social chaos, family dysfunction, street life, may see themselves

as disconnected from society. According to one officer interviewed for this study, harsh or controlling behavior may backfire; non-judgmental interactions infused with optimism, trust and encouragement produce better youth behavior than detached, anxious or authoritarian approaches.

While probation officers themselves are the first line of defense in creating a youth development model within Connecticut's juvenile service system, and while the service providers are the second, the community at large is the third. The institutions in the community such as the schools, the service organizations and the employers need to stand behind the probation officers to work on reintegration of the youth. Some of the people interviewed noted that is difficult to recruit agencies which will allow youth to perform their community service there. Yet that appears to be an effective intervention.

Tools of the Trade, published by the National Institute of Corrections, notes that "...offenders are responsible and accountable for their own actions, including the willingness to change. Offenders cannot be treated as passive participants whose only hope is to be showered with services, nor misfits incapable of leading productive lives. The behavior management model rejects both of these views. It does not permit supervision staff to stand idly by until offenders are 'ready' to change their behavior. Instead, it demands that staff proactively work towards motivating offenders...and that offenders proactively participate in the change process or face consequences....This sets the premise for the offender assuming full responsibility for a pro-social lifestyle."¹⁴

Working off of these theories, that the youth development model is effective in building on strengths; that a high degree of oversight is not always the best approach; that the offenders cannot be treated as passive participants whose only hope is to be showered with services, the first service that is recommended is one that is not directed to the youth at all, but to people who work with youth. Motivational interviewing provides the framework for the interaction between probation officer and youth. It launches the supervision and service planning process that accompanies the entire probation experience. Motivational interviewing is an evidence based practice. It can be used by probation officers to work with youth in completing assessment tools such as the one recommended, which looks at both needs and strengths. The State of Washington has adopted this approach as part of its evidence based initiative. In Florida over 1200 youth probation officers have been trained in the technique in conjunction with the PACT training. A good theoretical framework is provided in, "Motivational Interviewing for Probation Officers: Tipping the Balance Toward Change."¹⁵

While programs are often characterized by risk level they are less frequently related explicitly to the strengths and needs addressed in the risk and needs assessments tools that are used at the beginning of a youth's probation. It is useful to begin to group programs by strengths and needs areas to see where there are gaps in the evidence base itself and then, in the next chapter, to the programs actually available in Connecticut. Some programs referenced below come from the corrections literature but

¹⁴ <http://www.nicic.org/pubs/2004/020095.pdf>

¹⁵ (Federal Probation, Vol. 70, Number 1)

others are from mental health, education and elsewhere. HZA had to expand its search in order to accommodate the full range of needs.

Each program below, plus many more that did not make it to this list, is presented in Appendix E. The literature review provides a comprehensive overview of model services or programs that are suitable for 16 and 17 year-old court-involved youth. While most are community-based, in some instances residential programs are considered, as well. Although each program in Appendix E offers distinct advantages, some stand out more than others either because they are widely tested and recognized in the field for their effectiveness or because they address a need area for which no better alternative has yet emerged as an evidence based practice. The program profiles in Appendix E include a program purpose, description, target population, evaluation information, and cost-benefit findings when available while the write ups below are somewhat more limited.

The following model practices are grouped by the needs categories reflected in the PACT and the Level of Service Inventory. In some cases categories are combined because comparable services address more than one need.

Needs Category: General

Motivational Interviewing

Evidence based practice, mental health field, improves treatment outcomes

This evidence based practice is a way to talk to people about change, first developed in the addiction field but now used as a favored approach in a variety of settings including corrections. It is applicable to probation officers and others who work with youth. Motivational Interviewing is not just a set of techniques or skills that one does to someone. It is a way of being with people based on the belief that people have the capacity to change in a collaborative effort that supports their autonomy and evokes change. The helper's style influences client motivation and outcomes. Carl Rogers' work identified crucial conditions in which the helper manifests an atmosphere for change. These include empathy, genuineness and warmth. These attributes of active listening have been reliably used and researched for over forty years. Motivation emerges from the interpersonal interaction between the client and practitioner. While Carl Rogers' style was completely client-centered, Motivational Interviewing is a more directive approach. It is based on the understanding that ambivalence is a normal element in change. Ambivalence is feeling two ways about something. Motivational Interviewing offers skills to help the client explore and work with the ambivalence about change.

Needs Category: Education and Employment

While it is difficult to find true evidence based programs in this area, there is such great need that it is important to consider models that may not have been fully tested. The following are examples from the Office of Juvenile Justice and Delinquency Prevention.

YouthBuild

Evidence based practice, Department of Labor, improves school completion and reduces recidivism

YouthBuild is a 12-month program for nonviolent youth offenders, high school dropouts, and youth with special education needs. Participants alternate between renovating housing in low-income neighborhoods and completing classroom work that counts toward a high school diploma or general education diploma (GED).

In YouthBuild programs, low-income young people ages 16 to 24 work toward their GED or high school diploma while learning job skills by building affordable housing for homeless and low-income people. Strong emphasis is placed on leadership development and community service. All YouthBuild students are poor and many have had experience with foster care, juvenile justice, welfare, and homelessness. Participants spend six to 24 months in the full-time program, dividing their time between the construction site and the YouthBuild alternative school. Community- and faith-based nonprofit organizations sponsor most programs, although some are sponsored by public agencies. Each YouthBuild program raises private and public funds to support itself. Primary support comes from the U.S. Department of Housing and Urban Development.

Hartford received a YouthBuild grant for \$700,000 in 2006 called Co-Opportunity, Inc. The project should be monitored as a model for replication in similar communities across the state.

Community Restitution and Apprenticeship Focused Training Project (Project CRAFT)

Evidence based practice, Department of Labor, improves school completion and reduces recidivism

Project CRAFT offers pre-apprenticeship training and job placement in the home building industry and related occupations for adjudicated youth referred to the program by their State departments of juvenile justice. The program combines career training, support services (employability training, social skills training, case management), and community service activities sponsored by the construction industry. Project CRAFT can be used as an intervention program that can be implemented in residential juvenile correctional facilities, or it can operate as a community-based program for youth in aftercare or under day treatment supervision. The program aims to provide hands-on community service training projects that teach industry-related skills and reinforce worker skills and positive attitudes and behaviors. As a result, youth obtain social, personal, and vocational skills and employment opportunities to help them achieve

economic success and avoid involvement in criminal activity. The target population is high-risk youth and juvenile offenders who are in residential juvenile correctional facilities, in aftercare supervision, or under day treatment supervision.

While sponsored by the Home Builders Institute (HBI), the program also represents a partnership and coordination of efforts among juvenile correctional facilities, juvenile judges, juvenile justice system personnel, and educational agencies. Project CRAFT includes ten components: outreach and recruitment; assessment and screening; individualized development plans; case management services; industry-validated, trades-related training; building industry-related academics; community service; academic preparation and substance abuse treatment; employability and life skills training; and community transition and long-term follow-up.

School Transitional Environmental Program (STEP)

Evidence based practice, reduces drop-outs and absences

The School Transitional Environmental Program (STEP) theorizes that stressful life events, such as making transitions between schools, places children at risk for maladaptive behavior. Research has shown that, for many students, changing schools leads to poor academic achievement, classroom behavior problems, heightened anxiety, and increases in school absenteeism, all of which may lead to dropping out of school and other behavioral or social problems. By reducing school disorganization and restructuring the role of the homeroom teacher, STEP aims to reduce the complexity of school environments, increase peer and teacher support, and decrease students' vulnerability to academic and emotional difficulties. STEP is implemented in school settings, and school staff have the primary responsibility for overseeing and ensuring the program's success.

The target population is students who attend large, urban junior or senior high schools—specifically, grades six to 12—whose student population comes from multiple “feeder” schools, and which serve predominantly non-white, lower-income students.

Students are assigned to homerooms in which all classmates are STEP participants. Teachers in these classrooms act as administrators and guidance counselors, helping students choose classes, counseling them on school and personal problems, explaining the program to parents, and notifying parents of student absences. The increased attention reduces student anonymity, increases student accountability, and enhances students' abilities to learn school rules. All program participants are enrolled in the same core classes, which are all located in close proximity within the school, to help participants develop stable peer groups and enhance their familiarity with school.

Court Employment Project

Promising practice, improves school completion and reduces recidivism

The Court Employment Project (CEP) is non-residential alternative-to-incarceration program for young felony offenders. The model combines a strengths-based, youth

development approach with accountability to the courts. The program promotes youth development by emphasizing skills and abilities rather than focusing on deficiencies, and it helps participants set high expectations for their own educational, vocational, and social development. CEP engages judges, probation officers, defense attorneys, and prosecutors. The target population is first-time felony offenders, ages 13-20, who preferably maintain a stable living situation.

Ideally, CEP works with participants referred by both the Supreme and Family Courts, and court representatives accept referrals from judges, probation officers, defense attorneys, and prosecutors. Court representatives then screen potential participants for eligibility on a case-by-case basis.

Once enrolled in the program, participants are offered a variety of programs in a structured environment. They set their own goals to engage in constructive activities, while staff structures each participant's daily schedule and monitors their progress towards their goals. All participants meet individually with case coordinators, participate in educational classes, submit to random drug testing, and have access to a wide range of services. Specific CEP programs consist of art, education, health and well-being, and outdoor activities. Additionally, CEP maintains two employment programs—the Career Exploration Program and the Youthful Enterprise Project. Participants attend CEP Monday through Friday in their first month. The Center for Alternative Sentencing and Employment Services (CASES), which developed CEP, maintains a court representative who writes and submits reports to the sentencing judge for each child's court appearances, and judges are informed immediately in cases of non-compliance.

Eighty percent of CEP-engaged youth had no new criminal convictions within two years of their initial conviction. In comparison, 70 percent of convicted youth ages 16 to 18 in New York City return to jail. Reportedly, New York saves between \$5,000 and \$48,000 in correctional costs for each CEP graduate.

JobStart

Promising practice, improves school completion and reduces recidivism

JOBSTART was designed to improve educational, employment, and various other outcomes in high school dropouts (17 to 21) with poor reading skills. The target population is economically disadvantaged high school dropouts with poor reading skills, ages 17 to 21.

The program provided basic educational skills, hands-on job training, work placement assistance, and support services (e.g., childcare, counseling, transportation aid, mentoring/tutoring, work- and life-skills training). The JOBSTART program was funded through the Job Training Partnership Act of 1982 (JTPA). JOBSTART targeted high school dropouts with poor reading skills, ages 17 to 21, and provided them with basic educational skills, hands-on job training, work placement assistance, and support services. The program offered support services such as childcare, counseling, transportation aid, and work- and life-skills training. JOBSTART was aimed at

increasing educational obtainment, increasing employment and earnings, and improving other outcomes.

School based Probation Officer

Promising practice, juvenile corrections, increases attendance, reduces school conduct problems

The purpose of the School-Based Probation Officers program is to provide more direct and immediate supervision of students who are on probation than is typically possible, by having probation officers housed in and working directly in the schools. Although school-based probation is not a thoroughly tested program, preliminary research suggests that it has a favorable impact on school attendance and day-to-day school conduct of probationers (Clouser, 1995; Griffin, 1999). Absenteeism and dropping out, as well as detentions and suspension among probationers were all decreased where the program was in place. The close supervision that can be provided by someone on site means that the probation officer almost immediately knows of absences or discipline problems among students on probation. Some studies have also shown improved academic performance for the probationers (Clouser, 1995). A related benefit of School-Based Probation may be a reduction of school crime, since the presence of a probation officer in the schools may deter others from crime. School-based probation may also benefit other students by allowing probation officers to have routine contact with youth in various roles as mentors, classroom speakers, role models, and cautionary advisors.

Supported Employment

Evidence based practice, mental health, increases employment of people with mental illness

Supported Employment is a model of occupational intervention and enhancement. The greatest volume of literature is about the Individual Placement and Support (IPS) form of the Supported Employment model, whose characteristics consist of (1) competitive employment, (2) rapid job search, (3) integrated mental health care, (4) user-responsive preferences, (5) continuous and comprehensive assessment, and (6) time-unlimited support.

The Supported Employment model is dictated by the consumer or mental health user. No one is excluded who wants to participate. Moreover, Supported Employment programs are not a substitute for treatment plans, but are integrated with them. The program's goal is competitive employment, and the objective is to find community jobs that pay at least minimum wage, including both part-time and full-time positions. Additionally, there are no requirements for completing an extensive pre-employment assessment and training, or intermediate work experiences, before obtaining employment. Rather, the job search starts soon after a consumer expresses interest in working.

Alternative Schools

Evidence based practice

Alternative schools are specialized educational environments that place a great deal of emphasis on small classrooms, high teacher-to-student ratios, individualized instruction, noncompetitive performance assessments, and less structured classrooms (Raywid, 1983). The purpose of these schools is to provide academic instruction to students expelled or suspended for disruptive behavior or weapons possession, or who are unable to succeed in the mainstream school environment (Ingersoll and Leboeuf, 1997). Alternative schools originated to help inner city youth stay in school and obtain an education (Coffee and Pestrige, 2001). In theory, students assigned to alternative schools feel more comfortable in this environment and are more motivated to attend school. The target population is generally youth 12 to 18 years of age who have been suspended or expelled, or who are chronically truant or who have committed less serious juvenile offenses.

One model that has shown to be effective, although with a population of 13 to 16 year olds, is Career Academy. Career Academies are schools within schools that link students with peers, teachers, and community partners in a disciplined environment, fostering academic success and mental and emotional health. Originally created to help inner city students stay in school and obtain meaningful occupational experience, Career Academies and similar programs have evolved into a multifaceted, integrated approach to reducing delinquent behavior and enhancing protective factors among at-risk youths. These academies enable youths who may have trouble fitting into the larger school environment to belong to a smaller educational community and connect what they learn in school with their career aspirations and goals.

The Career Academy approach is distinguished by three core features that respond to problems that have been identified in high schools serving low-income communities and students at risk of school failure. First, a Career Academy is organized as a school within a school in which students stay with a group of teachers over the 3 or 4 years of high school. Such arrangements are often referred to as “small learning communities.” Second, a Career Academy offers students a combination of academic and vocational curricula and uses a career theme to integrate the two. Third, a Career Academy establishes partnerships with local employers in an effort to build connections between school and work and to provide students with a range of career development and work-based learning opportunities. These include field trips designed to expose students to various work environments, job shadowing, and mentoring programs with adults who can provide career guidance. Students are also given the opportunity to work for employers who are connected to the school.

Needs Category: Use of Free Time (Leisure/Recreation)

Interscholastic Athletic Programs

Athletics are an integral part of the high school curricular program. The Board of Education establishes as the goals of this activity the development of proper ideals of sportsmanship, ethical conduct, teamwork, specialized physical skills and experience in competitive situations. In attaining these goals, the program must promote and emphasize the physical, mental, moral, social, and emotional well-being of the players, those participating in supporting activities, and the spectators. The interscholastic athletic program will provide many opportunities for participation. The programs and teams are, however, competitive in nature. Limitations on individual participation on teams or in games may be imposed based upon the skill or achievement level of the individual, the needs of the group/team, funding limitations, and availability of staff. Accordingly, in many of the various athletic programs, the size of squads/teams will be limited.

Needs Category: Relationships (Companions)

Big Brothers-Big Sisters

Promising practice, reduces drug and alcohol use, increases school attendance, improves peer relations

The basic concept of the BB/BS program is not to ameliorate specific problems, but to provide support in all aspects of young people's lives through a professionally supported one-to-one relationship with a caring adult.

Big Brothers/Big Sisters (BB/BS) is a federation of more than 500 agencies that serve children and adolescents. The program concentrates on children from single-parent households. Its most intricate component is that the volunteer mentor commits substantial time to the youth, meeting for about four hours, two to four times a month, for at least one year. During their time together, the mentor and youth engage in developmentally appropriate activities that include walking; visiting a library; washing the car; playing catch; grocery shopping; watching television; attending a play, movie, school activity, or sporting event; or just hanging out and sharing thoughts. According to Grossman and Garry (1997), "Such activities enhance communication skills, develop relationship skills, and support positive decision-making."

Needs Category: Family (Family/Marital)

Functional Family Therapy

Evidence based practice, juvenile justice, reduces recidivism by 15.9%

Functional Family Therapy (FFT) is a family-based prevention and intervention program for dysfunctional youths that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families. It integrates several elements (established clinical theory, empirically supported principles, and extensive clinical experience) into a clear and comprehensive clinical model. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive. The target population is youth, ages 11-18, who are at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

The model includes specific phases: engagement/motivation, behavior change, and generalization. Engagement and motivation are achieved by decreasing the intense negativity often characteristic of high-risk families. The behavior change phase aims to reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions (skill training in family communication, parenting, problem-solving, and conflict management). The goal of the generalization phase is to increase the family's capacity to adequately use multi-systemic community resources and engage in relapse prevention.

Multi-systemic Therapy (MST)

Evidence based practice, juvenile justice, reduces recidivism by 10.5%

Multi-systemic Therapy (MST) typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. The target population is youth ages 12-17.

Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, seven days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a four-month period. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive-behavioral, and the pragmatic family therapies. This family-therapist collaboration allows the family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.

Needs Category: Alcohol and Drugs (Alcohol/Drug Problems)

Several of the programs listed in other categories also address substance abuse issues. For instance, while their focus is on working with the family, both Multi-systemic Therapy and Functional Family Therapy also address issues of substance abuse or risk of substance abuse, along with other clinical issues. Similarly, Family Integrated Transition and Brief Strategic Family Therapy (see below) focus on a broad range of mental health issues but also address chemical dependency. In considering which programs to implement or expand to address substance abuse issues, Connecticut needs to examine those programs, as well as the one listed below.

Multi-dimensional Family Therapy

Evidence based practice, mental health and juvenile justice

Multidimensional Family Therapy (MDFT) is a family-based treatment and substance-abuse prevention program developed for adolescents with drug and behavior problems. The multidimensional perspective suggests that symptom reduction and enhancement of pro-social and appropriate developmental functions occur by facilitating adaptive developmental events and processes in several domains of functioning. The treatment seeks to significantly reduce or eliminate an adolescent's substance abuse and other problem behavior and to improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. The target population is youth ages 11-18

The objectives for the adolescent include transformation of a drug-using lifestyle into a developmentally normative lifestyle and improved functioning in several developmental domains. The objectives for the parent include blocking parental abdication by facilitating parental commitment and investment, improving the overall relationship and day-to-day communication between parent and adolescent, and increasing knowledge about and changes in parenting practices (e.g., limit-setting, monitoring, appropriate autonomy granting).

Needs Category: Mental Health (Emotional/Personal)

Multidimensional Treatment Foster Care (MTFC)

Evidence based practice, juvenile justice, reduces recidivism by 22%

Multidimensional Treatment Foster Care (MTFC) is a behavioral treatment alternative to residential placement for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. The target population is youth ages 11-18

MTFC is based on the Social Learning Theory model that describes the mechanisms by which individuals learn to behave in social contexts and the daily interactions that influence both pro-social and antisocial patterns of behavior. Consequently, the MTFC

program recruits and trains community families to provide MTFC-placed adolescents with treatment and intensive supervision in home, school, and the community. The treatment program includes a structured living environment with clear and consistent limits, positive reinforcement for appropriate behavior, relationship with a mentoring adult, and separation from delinquent peers.

Family Integrated Transition (FIT)

Evidence based practice, juvenile justice, reduces recidivism by 13%

The Family Integrated Transitions (FIT) program provides integrated individual and family services to juvenile offenders who have mental health and chemical dependency disorders during their transition from incarceration back into the community. The goals of the FIT program include lowering the risk of recidivism, connecting the family with appropriate community supports, achieving youth abstinence from alcohol and other drugs, improving the mental health of the youth, and increasing pro-social behavior. The target population is youth ages 10-17.

FIT is based on components of three programs: Multi-systemic Therapy (MST), Dialectical Behavior Therapy (DBT), and Motivational Enhancement Therapy (MET). The overarching framework of FIT is derived from MST, a preservation model for community-based treatment. This treatment component uses therapists to coach caregivers in establishing productive partnerships with schools, community supports, parole, and other systems and help caregivers develop skills to be effective advocates for those in their care. While the MST component concentrates on the extent to which environments around the youth support pro-social behavior, FIT incorporates elements of DBT to address individual-level characteristics by replacing maladaptive emotional and behavioral responses with more effective and skillful responses. Finally, FIT uses aspects of MET to engage youths in treatment, with the objective of increasing their commitment to change. FIT therapists use MET techniques to develop the initial engagement of all parties and to maintain the commitment throughout the treatment.

The FIT program begins in a youth's final two months in a Juvenile Rehabilitation Administration (JRA) facility and continues for four to six months during parole supervision. The FIT team consists of contracted therapists, including children's mental health specialists and chemical dependency professionals. The FIT team serves four to six families at any given time. Services are available 24 hours a day, seven days a week. JRA is responsible for identifying eligible youths and works closely with the therapists and FIT families. To be eligible for the youth program a youth must be under 17½ and in a JRA institution, and scheduled to be released to four or more months of parole, reside in one of four designated Washington State counties (King, Kitsap, Pierce, or Snohomish), have a substance abuse or dependence disorder and any of the following: any Axis 1 disorder, a currently prescribed psychotropic medication, or demonstrated suicidal behavior within the last three months.

Brief Strategic Family Therapy

Evidence based practice, juvenile justice, increased treatment engagement and completion

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse.

The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. The therapy is tailored to target the particular problem interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions).

Cognitive Behavioral Therapy (Generic and Thinking for Change)

Evidence based practice, mental health and juvenile corrections, reduces recidivism by 2.5%

Cognitive Behavioral Treatment (CBT) is a psychotherapeutic approach which helps promote positive change in individuals, to help alleviate emotional distress, and to address a myriad of psycho/social/behavioral issues. Cognitive Behavioral therapists identify and treat difficulties arising from an individual's irrational thinking, misperceptions, dysfunctional thoughts, and faulty learning. Problems such as anxiety, depression, anger, guilt, low self esteem, adjustment difficulties, sleep disturbance, and post-traumatic stress are addressed. CBT's goals are to restructure one's thoughts, perceptions, and beliefs. Such restructuring facilitates behavioral and emotional change. During therapy, coping skills and abilities are assessed and further developed.

Cognitive Behavioral Therapy with Trauma Focus, Includes Child Sex Abuse

Evidence based practice, juvenile corrections

Trauma Focused Cognitive Behavior Therapy (TF-CBT) is a treatment intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as sexual or physical abuse; loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. The program was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies in order to focus on enhancing children's interpersonal trust and re-empowerment.

Cognitive Behavioral Therapy for Sex Offenders

Evidence based practice, juvenile corrections, reduces recidivism by 10.2%

The "cognitive-behavioral therapy" used to treat sex offenders includes a range of treatments from "conditioning-based approaches to behavior skills training, social, empathy and assertiveness. Cognitive methods are based on findings that many sex offenders in general exhibit aggressive sexual behavior, manipulate others, lack empathy for their victims, and minimize, deny, and rationalize their abusive behavior. Cognitive methods assume that their sexual behavior is addictive and results from incorrect beliefs, anti-social attitudes, maladaptive thoughts, a lack of sexual knowledge, and impaired communication and social skills.

Needs Category: Attitudes and Behaviors (Attitude/Orientation)

Broader Urban Involvement and Leadership Development Program (BUILD)

Promising practice, juvenile justice, significant reduction in recidivism

In Chicago, Illinois, the BUILD (Broader Urban Involvement and Leadership Development) program combines several popular gang prevention strategies in an ambitious attempt to curb gang violence among 10 to 17 year olds in some of the city's most depressed and crime-ridden neighborhoods. Founded on the principle that youths join gangs because they lack other, more constructive opportunities and outlets, BUILD tries to "reach out to young people and provide alternatives to increasing violence" by:

- Deploying trained street workers, who seek to establish a rapport with gang-involved youth and serve as positive role models,
- Organizing after school sports programs and other recreational activities for at-risk and gang-involved youths,
- Designing and delivering violence prevention curricula in local schools,
- Designing and delivering a violence prevention curriculum at the Cook County Juvenile Temporary Detention Center,
- Providing career training, college counseling, and financial aid to students from low-income schools and
- Working with corporate sponsors, community leaders, parents, and activists to coordinate local antiviolence initiatives and coalitions.

Established in 1969 to address gang violence in Chicago's West Town community, BUILD has since expanded its activities to six other low-income, high-crime areas (Cabrini-Green, Humboldt Park, Logan Square, Ravenswood, Lakeview, and Uptown). The program's violence prevention curriculum at the local detention center reaches both male and female youths from throughout Cook County. BUILD estimates its various activities to date have involved more than 77,000 youths from around the Chicago area.

Restorative Justice for Low Risk Offenders

Evidence based practice, juvenile corrections, reduces recidivism by 8.7%

Washington State began funding small restorative justice projects such as victim-offender mediation, victim impact panels, and community accountability boards. These projects operated as simple programs providing services to a limited number of youth in the justice system and to victims impacted by crime. In their OJJDP report on Restorative Justice, Gordon Bazemore and Mark Umbreit offer several principles and values that serve as the framework for a restorative justice program. Restoration is defined as repairing the harm and rebuilding relationships, and this serves as the primary goal of restorative justice. Foremost, committing crimes creates an obligation in a person or persons to “make things right.” All parties should be part of the response to the crime, including the victim if he or she wishes, the community and the juvenile offender. The victim’s perspective is central to deciding how to repair the harm caused by the crime, and accountability for the juvenile offender means accepting responsibility and acting to repair the harm committed. Ultimately, results or outcomes are measured by how much repair was done rather than by the extent of a punishment.

A Community Juvenile Justice System requires comprehensive and integrated strategies/activities that seek to:

- 1) educate and mobilize the community to be involved in addressing juvenile crime (Community Education and Mobilization);
- 2) strengthen and/or reform justice system practices to be consistent with restorative justice principles (justice system strengthening and/or reforms);
- 3) reduce conditions and opportunity for crime (Crime Prevention Strategies);
- 4) ensure accountability for offenders (Offender Accountability);
- 5) repair harm to individuals and organizations (Victim Reparation Services); and
- 6) ameliorate underlying risk conditions and build positive competencies in juvenile offenders (Juvenile Offender Competency Development).

Connections

Promising Practice, reduces school detention and reduces recidivism

Connections is a community-based, collaborative juvenile justice and mental health program that uses a strength-based, wraparound approach to address the needs of juvenile offenders with emotional and behavioral disorders and their families. Balanced and restorative justice principles and values are incorporated in plans to increase youths’ skills, provide services to victims, and increase public safety.

Connections staff are combined into teams consisting of a mental health professional serving as a care coordinator, a family assistance specialist, a probation counselor, and a juvenile services associate. The mental health care coordinator facilitates wraparound team meetings with youths, families, and team members to identify strengths, determine

needs, and locate or create services and supports. The family assistance specialist positions are each staffed by a caregiver of a child who has been in the juvenile justice and mental health system; the specialists provide emotional and practical support, often by helping a family prepare for meetings or accompanying them through court proceedings. The family assistance specialist and the mental health care coordinator positions are both available 24 hours a day, seven days a week. The probation counselor's primary responsibility is to ensure that services promote community safety, and the counselor is responsible for ongoing supervision of court orders. The juvenile services associate works closely with youths to assist them in completing requirements of the treatment plan; in addition they also work as mentors, often accompanying youth to activities in the community. A staff clinical psychologist provides 20 hours a week to the program, performing psychological evaluations, staffing cases, and counseling youths. Psychiatric services, including medication management, are contracted. Any juvenile justice staff person can refer youths to the program. Criteria for admission include having six months or more of probation time remaining, having a diagnosed or diagnosable behavioral health disorder, receiving services in more than one system, and being assessed as having a moderate or high risk to re-offend as determined by one's score on the Washington State Juvenile Court Assessment. An initial wraparound team meeting occurs within 30 days of intake, and the child and family teams meet at least once a month or as often as necessary depending on the needs and circumstances of the youth and family. Youths are discharged from Connections when their probationary periods are completed.

Girls Circle

Promising Practice, improves self efficacy and related measures in girls

Girls Circle promotes the development of strength, courage, confidence, honesty, and communication skills for girls. The program aims to enhance girls' abilities so they can take full advantage of their talents, academic interests, career pursuits, and potential for healthy relationships. By fostering a safe and caring environment, Girls Circle encourages self-expression, self-confidence, authenticity in relationships, and enhanced judgment skills. The program also focuses on training potential Girls Circle facilitators in order to equip these volunteering adults with the knowledge, skills, and support to effectively manage Girls Circles in multiple settings and communities.

The Girls Circle model, which is a structured support group for girls, integrates relational theory, resiliency practices and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. Girls Circle aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices.

Led by a facilitator, Girls Circles are typically held weekly from one and one-half to two hours. The facilitator leads the group of girls through a format that includes each girl taking turns talking and listening to one another respectfully about their concerns and interests. The participants express themselves further through creative or focused

activities such as role playing, drama, journaling, poetry, dance, art and so on. The facilitator also introduces specific themes and topics that relate specifically to the girls' lives, such as trusting ourselves, friendships, body image, personal goals, sexuality, drugs, tobacco and alcohol, competition, and decision-making.

Needs Category: Aggression and Skills

Aggression Replacement Training

Evidence based practice, juvenile corrections, reduces recidivism by 7.3%

Aggression Replacement Training (ART) is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART is to improve social skill competence, anger control, and moral reasoning. It is aimed at youth ages 12-17.

The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach pro-social skills. In anger-control training, participating youth must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

Save Our Streets (SOS)

Promising practice, reduces recidivism by 33%

The Save Our Streets (SOS) program serves youth who have been taken into custody for weapons possession. The program combines law-related education (LRE) and conflict resolution training. The LRE component of SOS is designed to build conceptual and practical understanding of the law and legal processes, with an emphasis on gun legislation and public policy questions concerning weapons. The conflict resolution training builds skills in communication, problem solving, decision making, and negotiation. The target population is youth taken into custody for weapons possession.

SOS is designed to help youth develop a better understanding of the law and legal processes, with an emphasis on gun legislation and public policy questions concerning weapons. The program promotes the practice of resolving conflicts verbally, without resorting to violent, and the need to develop more favorable attitudes toward law-abiding behaviors. Finally, the program wants to encourage youth to make positive choices in response to conflict and confrontation. Youth who participate in the program are expected to demonstrate less involvement in delinquent behavior, reduced incidents of weapon possession, and fewer gun-related offenses.

Needs Category: Current Living Arrangements (Accommodation)

Transitional Housing, Transitional Living, Life Skills Education

Evidence based practice, juvenile corrections, life skills education reduces recidivism by 2.7%

Transitional housing is not one particular evidence based practice but a variety of models that serve youth who are transitioning from the juvenile corrections or foster care system to independent living. Such teens are often recovering from chemical addictions, and many come from homes with physical, sexual and substance abuse. Without family, financial or emotional support, these young adults lack basic education, have few marketable skills and have little experience living on their own. Some of the features of transitional housing programs:

Job readiness: Includes vocational assessment, assistance with acquiring employment, developing interview skills, nurturing marketable skills, and learning professionalism.

Educational assessments: GED preparations, assistance in college admissions including completion of college applications, tutorial assistance, assistance with accessing scholarships and financial aid, and helping youth develop good study habits.

Financial planning assistance: Includes budgeting, bill paying, and opening bank accounts.

Independent living skills: Includes housekeeping, shopping, meal preparation and time-management skills.

Savings programs: Assists in preparing for transition into permanent independent housing.

Treatment team meetings: Focus on developing a strengths-based transition plan for the youth.

Counseling: One-on-one and group emotional support and counseling on an as-needed basis.

Case management: The youths' needs are identified and a transition plan is designed and implemented to address those needs.

Summary

Many of the evidence based practices build on youth development concepts. They are largely designed to be motivating rather than punitive. The probation officer sets the

tone for this type of intervention by using techniques such as Motivational Interviewing that have been found in numerous contexts to be effective.

There tend to be more tested programs in the mental health and substance abuse arenas than in others reflected here. While many examples are given in employment and education, they do not always have the same degree and rigor of testing. To make many of these programs work will require a highly skilled workforce in some instances (the specialized mental health treatments) and the cooperation of the community in the others. It will be critical for the agencies serving these youth to reach out to the schools, the community agencies for job placements and particularly the employment community. A strong outreach effort will be needed to give the youth positive real world experiences that build on their strengths and enhance pro-social interests.

Connecticut Evidence Based Practices

HZA attempted to determine what proportion of existing CSSD and DCF contracts are evidence based and what kinds of needs are being addressed in existing contracts, broadly speaking. Of course it is primarily the CSSD adult contracts which currently serve the target population of 16 and 17 year olds. However, the analysis is useful from the perspective of what it will take for the state to gear up to provide evidence based practices more broadly, based on current capacity.

From a review of the CSSD adult and juvenile contracts and the DCF contracts, HZA assigned a contract, as well as the dollars spent on it, to an evidence based practice if the basic practice and intent was similar to that of a nationally recognized evidence based practice. HZA found that many contracts have the same name and intent of an evidence based practice that is recognized nationally in the literature inclusive of 16 and 17 year olds. Other Connecticut contractors identified the practices that they follow as evidence based but we could not necessarily find an analog in the literature. Those practices should not be discounted, both because many promising practices have not been evaluated broadly enough and because some needs do not yet have many evidence based practices. The table below summarizes the results, divided by the three sources of contracted services. The percent of evidence based practices may be larger if they are for services for different age groups that were not part of the literature review.

Table 11 Connecticut Evidence Based Contracts					
	Total Contracts	Evidence Based		Connecticut-identified Evidence Based	
		Amount	Percent	Amount	Percent
CSSD Adult	\$35,713,712	\$1,858,000	5	\$7,027,460	20
CSSD Juvenile	\$19,399,974	\$5,800,754	30	\$907,217	5
DCF	\$86,087,808	\$3,422,419	4	\$2,012,677	2
Total		\$11,081,173		\$9,040,138	

The table shows that:

- The largest proportion of evidence based practices is found in the CSSD Juvenile contracts, 30 percent.
- CSSD adult contracts have the largest proportion of Connecticut-identified evidence based practices, 20 percent.
- DCF juvenile and CSSD adult contracts spend 4 to 5 percent on programming that is recognized as evidence based in national literature for juveniles or youth. This is to be expected since the contracts costs cover many other needs for different service populations.
- The total spent on evidence based practices in the now is \$20,121,311. However, this includes funding for services to all the populations served by these agencies.

With regard to need area, many service types address more than one need as expressed in various needs inventories. For example, mental health, family relationships and alcohol and drug abuse may all be served by Multi-systemic Therapy. Similarly, many education needs are complemented by employment needs because the evidence based practices for 16 and 17 year-olds often feature both components in one program.

HZA found that the vast majority of evidence based practices currently funded in Connecticut respond to mental health and substance abuse needs. The evidence based programs most represented are:

- Functional family therapy,
- Multi-systemic therapy,
- Brief strategic family therapy,
- Multi-dimension family therapy,
- Multi-dimensional treatment foster care,
- Cognitive behavioral therapy,
- Girl's Circle and
- Aggression replacement training.

The key areas that are lacking in the current service array, particularly in relation to the assessed needs, are:

- Education services,
- Employment services,
- Transitional services and
- Relationships/leisure/peers.

What is important about this analysis is not just how much is spent on evidence based practices now, but what it will take to retool and prepare to shift resources to these

practices given the current scope of the state services. Many of the mental health and substance abuse services require staff with specialized training and licenses.

A much bigger issues comes in the other areas of need: education, employment, transitional services and mentoring, leisure and peers. Here we could find few if any services with the exception of Job Club currently delivered to youth which are evidence based. In the literature many of the model practices in education and employment require partnerships with other state agencies and groups, particularly education, labor, vocational rehabilitation and mental health for state services and employers, unions and service organizations for community services. Forging these partnerships requires concerted effort and a different skill set than contracting for services in the community. Yet to make real progress with this population, these kinds of efforts will be needed. Many times foundations are also supporting these initiatives.

GAP ANALYSIS

As the 16 and 17 year-old population moves from the adult correctional system to the juvenile justice system, it will become eligible for those services for which now only those under 16 are eligible. As noted previously, however, the state has made a commitment that the resources currently focused on the existing juvenile population will remain with that population. Thus, for the 16 and 17 year-olds to access those services, the availability of juvenile services will have to increase.

At the same time the transferred population will no longer be eligible for the services provided through the adult probation system. If CSSD desires to maintain the availability of some of those services for that population, it will presumably need to re-structure the contracts to include some portion of them in the juvenile system.

CSSD will, however, have to undertake a more in-depth study of the effectiveness of these services in order to determine whether it wants to keep some of these services available to the transferred population. In its analysis of the factors contributing to and preventing recidivism, HZA developed statistical models to measure the impact services had on recidivism. With the exception of a small effect for drug intervention services, no type of service currently provided to the 16 and 17 year-old population showed a statistically significant impact. The data on services provided was, however, so sporadic that no individual service could be measured for effectiveness and even the broad result is subject to caution. That paucity of data will ultimately lead to one of the key recommendations of this report.

From one perspective, therefore, CSSD begins with a blank slate for its services for 16 and 17 year-olds on probation. Either new services have to be developed or existing juvenile services have to be increased or some adult capacity has to be moved to the juvenile system or some combination of these three is needed.

This chapter quantifies the need for services for this population. Using the evidence based and promising practices discussed in the previous chapter and the numbers of young offenders with each type of need discussed in the second chapter, the first section provides information on how much of each general type of service will be needed. The discussion then moves to a consideration of costs. Here, three estimates of cost will be presented.

The first estimate will simply be the gross cost of providing the needed services. The second estimate will net out that cost based on the fact that some level of the existing adult services contracts will no longer be needed for the adult population, since that population will shrink. The third estimate will be lower still, based on information from the literature review which suggests how much recidivism can be reduced by the application of the evidence based practices. This final estimate represents the amount needed in appropriations for the transfer of the 16 and 17 year-old population.

THE NEED FOR SERVICES

While the last chapter discussed a wide array of services which would address the needs articulated in the chapter on service needs and which show some promise of effectiveness, it is clear that not every youth needing, say, some type of clinical service will either need or receive *every* clinical service. Some overlap and some are more effective with one group more than another. In fact, to arrive at a reasonable estimate of what is needed and what the costs of addressing those needs are likely to be, some assumptions about how services are likely to be distributed need to be made.

Examining both the needs of the youth and the services which have been tried in various juvenile justice systems, the services needed in Connecticut can be broadly categorized into four groups: services related to clinical needs, services related to education and employment; services related to housing and transition to adulthood; and “other.”

Clinical Needs

The first category, clinical services here are understood to include all those related to the LSI domains of family, alcohol and drugs, emotion and attitude, and this is where the majority of evidence based practices are to be found, including many already in use at CSSD and DCF. Calculating the level of need requires some assumptions since the needs themselves overlap and each youth is likely to be affected by more than one domain. When all youth are counted who exhibit a need in any of the domains of emotion, family, alcohol/drugs and attitude, 64 percent of all the youth likely to be served will have some significant clinical needs. Using this figure as the estimate of need for clinical services results in a count of 3844 youth each year.¹⁶

Education and Employment Needs

Calculating the number of youth for whom educational/employment services and housing services will be needed is relatively simple. As indicated in a previous chapter, need for services in any given domain was derived by examining the proportion of the population exhibiting a need in the upper half of the LSI scoring on that domain. Since education/employment and housing are their own domains, those figures are straightforward. About 84 percent of the offenders to be served need educational and/or employment services.

The major issue with educational services is that there is already a group, the local school district, which is charged with providing for the educational needs of every child. It may not be realistic to expect that schools handle, within the confines of their normal

¹⁶ As noted earlier, this is a duplicated count, because it is anticipated that some youth receiving services will recidivate and be given the same general type of service more than once during a given year.

budgets, the most severe needs of the juvenile population, but it would seem to be part of their task to handle the less severe needs.

This makes estimating the need for educational and employment services something of a judgment call. HZA examined the proportion of those with educational and employment needs who exhibited the most severe needs and found that these constituted 72 percent of the total who exhibited a need in this domain. This represents a very large and very surprising proportion of the relevant population, and if there is a population which cannot reasonably be handled within the current school budgets, this is probably it. This is, therefore, the basis for determining the number of 16 and 17 year-old offender youth in need of educational and employment services. The count is 3621 per year.

Housing and Independent Living Needs

Housing or accommodation is its own domain and relates in its most serious forms only to a relatively small proportion of the population, those who require alternative housing. However, in a broader sense this category includes the independent living skills associated with a successful transition to adulthood.

The need for accommodation services realistically has to be broken down into two parts. For those in more serious need the most appropriate service is some type of transitional housing. For others, either help locating housing, help connecting with others with whom housing can be shared or help with basic independent living services are probably more appropriate, and far less expensive services. More discrete analysis of the LSI needs scores show that among the 28 percent in need of accommodation services, only three percent of the total are in the most serious need, while the other 25 percent have less urgent needs. The estimate of those needing some type of transitional housing is that three percent or about 180 youth out of each year's arrests.

Other Needs

There are few if any evidence based practices related to criminal history, peers or free time/leisure, and for purposes of this study it is assumed that successful engagement of the youth in appropriate educational and/or employment activities will address many of those issues in fact if not in overt intent. That assumption was underlined by those responding to the surveys and interviews, as well as by educators testifying before the Juvenile Jurisdiction Planning and Implementation Committee. A concern heard repeatedly in all of those forums was that youth who are neither in school nor in a job have too much time on their hands and do not know how to use it appropriately. However, several programs such as Big Brothers/Big Sisters and Interscholastic Sports do have a more clear intent to focus on leisure and relationships beyond the programs in the other categories. Such programs must be included in a comprehensive service array and can be supported through this category.

COST ANALYSIS

Gross Costs

As with the estimates of the population in need, the estimates of cost have to rely on some merger of the service types. Each service is likely to cost a different amount and the total cost is ultimately going to depend on which services are provided most often.

To calculate the gross estimate of costs here, HZA focused on the broad categories of services discussed above and calculated averages of the costs per client within each category. There was no single source for cost information, particularly since some of the services are not currently provided in Connecticut. Thus, costs were calculated using a combination of contract information from both CSSD and DCF, as well as from the literature review conducted for this study.

Using these methods, the one area where average costs did not work very well was clinical services. The array of services and distribution of client counts for each of those services were both far too wide to provide reasonable reliability. For this figure, therefore, HZA relied on a broader analysis of CSSD contracts.

Examining the contracts CSSD has for adult services and reports on the numbers served through those contracts, as well as information from the literature review on the costs of the evidence based services Connecticut will need to provide to this population, HZA estimates that the average cost of clinical services will be approximately \$2500 per youth. The final figure will depend both on which services are provided and the length of time for which they are provided, but this figure will be used here to estimate clinical costs.

The cost estimate for education and employment is based on the average of three types of services, the Court Employment Program, Supported Employment and Job Club. The average used here for employment and education is \$3215 per client. Alternative education, which is a service likely to be needed by some significant number of youth, is not included in the average both because its average cost (\$12,500 per year per student) is significantly higher than the others and because it is anticipated that only a minority of the youth would receive this highly intensive service. Despite the fact that alternative education costs are not included in the average, HZA would anticipate that some of the education and employment costs would be spent in that way and, in fact, several of the evidence based educational services have that as one component of a larger service.

Finally, transitional housing costs were derived from a source that provides a comprehensive service model. That source estimates an annual cost per youth of \$24,000 which includes both housing and related independent living services. Even when applied to a small number of youth this could involve an unrealistic cost. The recommendation will, therefore, be for a more limited experiment with transitional

housing and independent living skill programming with costs limited to something under one million dollars. This will not meet the entire need for transitional housing and independent living services, but it will provide a foundation on which the state can experiment with different approaches and build an appropriate array of services.

Other costs are budgeted as “variable” and include programs such as Big Brother/Big Sisters which national estimates peg at \$1000 per person, sports and related leisure activities.

Table 12 summarizes all of this information with estimates of the number to be served, the cost per client and the total gross cost of the services that will need to be provided to the 16 and 17 year-old population.

Table 12 Estimated Gross Costs of Services to Non-diverted 16 and 17 Year-old Population			
Service Domain	Estimated Youth	Cost per Youth	Total Cost
Clinical (Mental Health and Substance Abuse)	3844	\$2500	\$9,610,000
Education / Employment	3621	\$3215	\$11,642,000
Housing / Independent Living	180	Variable	\$1,000,000
Relationships/Other	4884	Variable	\$1,000,000
Total Not Diverted	5988		\$23,252,000

The costs in Table 12 is intended to represent the estimated costs of services to youth on probation, although some of the youth in these counts will undoubtedly go into residential care through DCF. During the most recent calendar year, approximately 150 16 and 17 year-old youth were incarcerated with the Department of Corrections, with that representing an increase over the previous two years.

When this population is transferred to the juvenile system, however, the change in orientation is likely to be reflected in the courts as well as in the service delivery agencies, and it is not clear whether more or fewer youth are likely to be committed to DCF for residential placement. To obtain a complete picture of costs, some estimate of the number to be committed needs to be made.

Using a study conducted for the state by the Justice Education Center in September of 2006, HZA compared factors associated with juvenile commitments to DCF to the characteristics of the 16 and 17 year-old population. Three factors were used: the number of prior referrals, the number of prior felony referrals and the number of charges associated with the current arrest. The first estimate used the median value associated with various types of commitment for each of these factors and assigned a 16 or 17 year-old to the group likely to be committed if he or she had at least the median on each factor. The result indicated that only 78 youth would be committed to DCF.

Because that figure seemed low and, if it were incorrect, could lead to under-funding DCF for residential placements for this population, a second analysis was undertaken. The same factors were utilized, but this time the number of prior referrals was dropped by one for each type of commitment, with the other factors left unchanged.¹⁷ This created a surprising difference. The new estimate was for 192 commitments each year.

No one can say for certain whether juvenile court judges will order placement for more 16 and 17 year-old youth than do adult court judges now. However, the two estimates made here should be viewed as the end points of a range within which the ultimate answer is likely to fall. Moreover, these estimates represent only what is likely to happen if nothing is done to prevent placements and the combined efforts of DCF and CSSD over the past few years have resulted in a reduction of juvenile placements. The same efforts with the 16 and 17 year-old population are likely to produce a similar result.

The best single estimate of the number of youth likely to be committed to DCF is the average of the low and high ends of the range. This is 135 youth per year. Given that this is very close to the current number of youth in this population being incarcerated at the Department of Corrections, the costs should be expected to be approximately the same as they are now, albeit at a different agency and assuming residential placements with DCF cost about the same as does incarceration with Corrections.

It should also be noted that the placement of some youth with DCF will reduce the numbers shown in Table 12, since these figures were based on the entire 50 percent of the population HZA recommends be served. The percentage of youth involved, however, is quite small, representing only 2.2 percent of all those to be served. If that percentage is deducted from the total costs in Table 12, the result is a gross cost for probation services of \$22,740,000. This is the figure which will be used in subsequent analyses.

Gross Costs Net of Adult Service Reductions

Estimating the costs of adult probation services currently spent on 16 and 17 year-olds is an inexact science, at best. There is no system for tracking exactly who is served by the various contracts and the only standard report from the agencies showing the clientele groups all youth 16 through 18 years of age into a single category.

With assistance from CSSD in the interpretation of that report, HZA estimated that 59 percent of the youth in the 16 to 18 year-old category began services as 16 or 17 year-olds. The resulting numbers were used to derive a percentage of each relevant service which was devoted to the 16 and 17 year-old population, and it was further assumed that the average cost of serving an offender was the same regardless of age. Not all adult probation services were assumed, however, to be used by 16 and 17 year-olds

¹⁷ The Justice Education Center's study showed three types of commitment to DCF: training school commitments, residential placements and general commitments in which DCF was left with the responsibility for determining the level of service the youth should receive.

because that population is excluded from some services, primarily residential services, in the definitions of the services themselves.

The resulting estimates are provided in Table 13. For each service, the table shows the type of service, the total contract amount for the current year and the amount estimated to be spent on 16 and 17 year-olds on probation.

Table 13 Costs of Contracted Services for 16 and 17 Year-olds		
Service	Total Contracted Cost	Estimated Costs for 16 and 17 year-olds
Adult Behavioral Health Services	\$ 2,948,737	\$ 158,779
Adult Risk Reduction Center	\$ 1,035,550	\$ 129,515
Adult Sex Offender Treatment	\$ 1,287,100	\$ 18,457
Alternative Incarceration Center Services	\$ 12,139,659	\$ 2,115,169
Community Court	\$ 2,869,863	\$ 585,824
Community Service Officers	\$ 218,494	\$ 39,342
Drug Intervention Program	\$ 1,203,426	\$ 3,021
Gender Specific – Female	\$ 547,449	\$ 79,165
Latino Youth Offender Services	\$ 401,000	\$ 12,452
Mediation Services	\$ 323,892	\$ 38,453
Residential - Substance Abuse Intermediate	\$ 1,290,818	\$ 106,889
Women and Children Services	\$ 1,188,740	\$ 11,222
Zero Tolerance Drug Supervision Program	\$ 257,000	\$ 2,732
Total	\$ 25,711,728¹⁸	\$ 3,301,020

The overall estimate of the amount current adult probation services devoted to the population to be transferred to the juvenile system is \$3.3 million. If this estimate is roughly correct, then subtracting it from the estimate of the total cost needed to provide appropriate services for 16 and 17 year-olds as they transfer to the juvenile system yields \$19,440,000 as the first net cost.

While the mathematics of this calculation are relatively clear, it should be noted that it may not be a simple matter to cut the adult services contracts proportionately. The methodology used here does not account for the differences between fixed and variable costs of the programs, and it could be that some programs would find it difficult to continue to serve all of the offenders 18 and older if they were cut by this amount. There is, however, no information available which would provide a better estimate.

¹⁸ This total is less than that shown in the previous chapter because 16 and 17 year-old do not receive all services available to adult offenders.

Final Net Costs

If all the services this report suggests are needed are in fact provided to the increased population estimated to be in need, each 16 and 17 year-old youth entering probation would carry an contracted services price tag of \$3885, up significantly from the estimated \$2,500 now spent on each new probationer and not counting the costs of probation officers and other non-contractual components. In fact, however, the cost is larger than that, both now and in the future. Among those entering probation the recidivism rate for the most recent year available is 36 percent. That means that the system can expect to incur another \$3,885 for 36 percent of those entering probation. The average real cost for each youth starting probation is, therefore, \$5,284.

That, of course, assumes that none of the new services work, i.e., that after all the investment there is no improvement in the recidivism rate. Since the intent is precisely to have an impact on the recidivism rate, a realistic final cost should include an estimate of that impact.

Clearly, however, there is very little science involved in making such an estimate. The majority of the costs which are recommended here will go to educational and vocational services and these are the ones with less evidence of effectiveness behind them in the juvenile justice literature. Even among the evidence based clinical services, there are wide ranges of estimates of improvement in recidivism rates, and for each individual service there are varying estimates of that improvement across different studies.

All of that calls for caution. While HZA believes that, after full implementation of the recommendations made here, Connecticut will see a much larger impact than expected, the final cost estimate is based on an improvement in recidivism of 10 percent. In the most comprehensive study of improvements in recidivism rates for evidence based programs, only one service showed improvement below this level and most seemed to range between 10 and 15 percent. The 10 percent figure is thus quite conservative, and it is roughly equal to the actual reduction Connecticut achieved between FY 2004 and 2005, dropping from 40 percent to 36 percent.¹⁹

Assuming a starting point of 36 percent and a further 10 percent reduction after the implementation of the recommended services, the recidivism rate would drop to 32.4 percent. This would mean that each new probationer would have an average real cost of \$5,144, a reduction of \$140. The total annual savings on that is \$819,420, again counting only contracted services costs, not probation officers or anything else.

In sum, the estimated total net cost of the services recommended here is \$18,620,000. Should the impact of those services be greater than the conservative estimate made here, the cost will decrease correspondingly.

¹⁹ HZA's analysis of juvenile arrests in the State of Washington where an evidence based approach was adopted in the late 1990s revealed a 30 percent decrease in juvenile arrests over a four to five year period.

Sources of Reimbursement

The costs presented here represent the total costs of providing the services. During the course of the project, HZA became aware that one of the oft-discussed but as yet unresolved issues around the transfer of 16 and 17 year-olds into the juvenile justice system has been the inaccessibility of mental health services, except through CSSD contracted services. The mental health agency serves only those 18 and older, while DCF appears to make those services available only to those under 16.

Perhaps, this situation will be automatically solved by re-classifying these youth as juveniles. What will not be solved without some conscious attention to the issue is the potential eligibility of this population for Title XIX (Medicaid) reimbursement for the clinical services they receive. Ensuring such reimbursement could, however, provide a substantial offset to the additional costs to be incurred by the recommendations made here.

Moreover, obtaining Medicaid reimbursement for these purposes would appear to be consistent with the intent of the Legislature. In the statute addressing juvenile matters, the Legislature indicated that programs and treatment services were to be designed following the requirements of Titles XIX and IV-E and stated further that “It is the intent of the General Assembly that these funding sources shall be utilized to support service needs of eligible juveniles” (Chapter 815t, Sec. 46b-121j).

For every 10 percent of the clinical services which could be reimbursed under Medicaid the state stands to recover about one-half million dollars. Those savings do not come automatically. Providers have to be eligible to provide the services, but that is something CSSD could encourage through its contracting decisions. CSSD already requires providers to pursue third-party reimbursement, but for some providers there may need to be additional incentives to become eligible for Medicaid reimbursement. Youth also have to be eligible, but the only major roadblock here is ensuring that someone does eligibility determinations.

Other states are already receiving Medicaid reimbursement for many of the clinical services they provide to the juvenile justice population, so long as they are not in secure settings. Some of the examples HZA found in its research include the following.

Program: Mental Health Juvenile Justice

Jurisdiction: Erie County, New York

The Mental Health Juvenile Justice Program is primarily a family therapy program. This program is offered to youth involved in the juvenile justice system exhibiting symptoms of a mental illness. The program includes family therapy for youth seven to 15. Medicaid is used for eligible youth and is free to youth who are not eligible.

The Mental Health Juvenile Justice program was established in order to coordinate comprehensive mental health services to juvenile delinquents. The goal of the Mental Health Juvenile Justice Program is to reduce crime, make the community safer, and help youth work through serious, family and/or mental health issues that may be contributing to a pattern of escalating delinquency. All referrals to this program come from the Mental Health Juvenile Justice Committee which is made up of representatives from the Erie County Probation Department, Forensic Mental Health Department, Juvenile Treatment Court, Child & Adolescent Treatment Services, and Erie County Detention. This committee allows for the exchange of appropriate information, and to coordinate an appropriate treatment plan for youth and families.

Program: Crossroads

Jurisdiction: Summit County, Ohio

Crossroads was originally established in 1999 as a drug court and began mental health treatment integration in February of 2003. Crossroads is funded primarily through private health insurance, Medicaid, Reclaim Ohio grant funds, State “Fast” 05 funds for Integrated Co-Occurring Treatment and court fees. Crossroads accepts youth, post-adjudication, who are between the ages of 12 to 17 years and who have a major affective disorder, severe post-traumatic stress disorder, psychotic disorders or co-occurring substance use disorders. Youth whose only mental health diagnosis is conduct disorder, oppositional defiant disorder or ADHD are excluded. The court also excludes youth with very serious felonies and youth with previous convictions or current charges for drug trafficking and youth with gang involvement.

Program: Texas Special Needs Diversion Program

Jurisdiction: Texas

The Texas Special Needs Diversion Program, run by the Texas Correctional Office, was instituted to identify children with serious mental disorders at the point of arrest or adjudication and divert them from incarceration to community-based care. Texas requires that all children not released after arrest be screened for mental health disorders. Children are referred to this program predominately during their court hearing, or afterwards, when they are awaiting placement in the juvenile correctional system.

Once in the program, children are allowed to remain at home under the supervision of a two-person team—a therapist and a probation officer. The team coordinates a range of services (including psychiatric services, family counseling, etc.) for the child and family on the basis of individual need. Most services are provided in school or at home. The probation officer makes unscheduled home visits three times per week; the therapist makes one scheduled home visit per week. Parents or guardians are required to attend group meetings weekly. The program runs four to six months. It is funded by a state appropriation as well as revenue for therapeutic services collected from Medicaid, the

State Children's Health Insurance Program (SCHIP), and private insurers. The team processes Medicaid or SCHIP eligibility for youth when they enter the program.

Program: Mental Health and Mental Retardation Authority of Harris County
Jurisdiction: Houston, TX

MHMRA of Harris County works with the Harris County Juvenile Probation Department to provide mental health services for youth who are in trouble with the law. MHMRA serves children and adolescents who are three through 17, meet the financial criteria and have a serious functional impairment or are enrolled in special education because of serious emotional difficulties or are at risk of losing their living situation due to psychiatric issues.

MHMRA's financial criteria are that the child must be eligible for Medicaid or have insurance that covers the services or otherwise be able to pay for the services. The juvenile justice services included in the program include CHOICES for first time offenders and the TRIAD Family Preservation program.

Program: Juvenile Treatment Court
Jurisdiction: King County, Washington

Implemented in November 2003, the King County Juvenile Treatment Court serves youth with co-occurring Axis I psychiatric disorders (excluding conduct disorder, oppositional defiant disorder, paraphilia or pedophilia) and substance abuse or dependency disorder who are also identified as moderate to high risk for re-offending. The court excludes most violent felons and sex offenders. Services are funded through court feeds, Medicaid and Robert Wood Johnson Foundation support. Court participants receive Multi-systemic Therapy which includes substance abuse interventions and family therapy.

Program: Bring the Kids Home
Jurisdiction: Alaska

In July of 2005, the Alaska Department of Health and Social Services and the Alaska Mental Health Trust Authority implemented funding for a comprehensive children's mental health program called "Bring the Kids Home." The intent of the effort was to create a wider array of services and expertise in Alaska so that children with serious emotional difficulties do not have to leave the state in order to receive appropriate treatment. These activities encompass workforce development, home and community-based waivers, care coordination and evaluation. The program does not focus exclusively on those in the juvenile justice system, but they are one of the eligible populations.

Program: Wraparound Milwaukee
Jurisdiction: Milwaukee, Wisconsin

Wraparound Milwaukee is an example of a strategy intended to provide an infrastructure of community-based services for children with serious mental disorders—not early on, but at the point where they are headed for residential treatment centers, inpatient psychiatric wards or jail. The program pools funding from the county child welfare, juvenile justice, and Medicaid agencies to pay for community-based services. Savings come from lower rates of institutionalization.

Wraparound Milwaukee was designed to yield better outcomes for children. Before the program was launched, nearly 60 percent of children in residential treatment beds paid for by either child welfare or juvenile justice came back to these agencies' doorsteps within six months of discharge. The program was also designed to save money. Child welfare and juvenile justice were paying an average of \$5,000 per child per month for institutional care, whereas community-based care cost \$2,800. Medicaid was also incurring costs in readmissions to psychiatric hospitals.

The entry point to Wraparound Milwaukee is through referrals from child welfare and juvenile justice. Both agencies pay a capitated rate for each child referred (which comes to about half of what they would spend on institutional care for each child). Medicaid is also charged a capitated amount for each Medicaid-eligible child served. Other contributions come from the state mental health agency.

The program has yielded improved child outcomes and cost savings. Charged offenses declined from nearly 2 per youth before program involvement to 0.5. Average percentage of school days attended increased from 60 to 85 percent. The number of days children spent in an inpatient psychiatric hospital went from 5,000 annually when the program started to 240. Average stays in residential treatment centers declined from 365 to 80 days. In 1996, child welfare and juvenile justice were serving 370 youths in residential care at a combined cost of \$18.4 million. Today Wraparound Milwaukee is serving 630 youths with combined input of \$17.7 million from the two agencies.

Programs similar to Wraparound Milwaukee are located in Madison, Wisconsin, Indianapolis, Indiana and Utica, New York.

HZA discovered a number of other programs in various states, some of which are designed to stretch the limits of what Title XIX will pay for. The recommendation here, however, does not involve any risk-taking of that kind. Rather, it is simply that Connecticut utilize Title XIX funding in well-established ways for services that will be provided in any event.

RECOMMENDATIONS

This chapter lays out the recommendations emerging from the earlier discussions. In broad stroke, the recommendations can be divided into two large categories: those relating to the services which need to be inaugurated or expanded to serve the 16 and 17 year-old population appropriately, and those relating to the mechanisms which need to be in place for the system to work well on an ongoing basis.

RECOMMENDATIONS ON SERVICES

Recommendation 1: The state should continue its current efforts to provide evidence based programs to include sufficient services for at least one-half of the 16 and 17 year-old offender population.

Over the past few years CSSD and DCF have both made significant strides towards implementation of evidence based services for youth offenders, primarily in the clinical area. However, many of these services are not available to the population envisioned for transfer to the juvenile system and that population cannot begin to utilize existing juvenile services without reducing the resources available for the younger population. While it is clear that more 16 and 17 year-olds will be served when the transfer occurs, HZA estimates that about one-half of the population can safely be diverted from the service system. That will still require a significant increase in resources, estimated to be initially about \$19.4 million (net of what is currently spent on 16 and 17 year-olds) and, assuming success in reducing the rate of recidivism, eventually more like \$18.6 million.

Recommendation 2: The state should expand its clinical services to make evidence based clinical services available to the 16 and 17 year-old population.

The portion of the total estimated cost for the needed clinical services alone is \$9.6 million (gross cost prior to calculating the net figures). The specific clinical evidence based programs which should be expanded or introduced include the following:

- 1) Multi-systemic Therapy,
- 2) Functional Family Therapy,
- 3) Brief Strategic Family Therapy,
- 4) Family Integration Therapy,
- 5) Cognitive Behavioral Treatment,
- 6) Multi-dimensional Family Therapy and
- 7) Aggression Replacement Therapy.

Recommendation 3: The state should develop services which focus on education and employment of 16 and 17 year-olds including a concerted effort to work with other groups such as educators, employers and service organizations.

The single most frequent need cited in the assessments currently done on youth offenders is for services related to education and employment. While all youth show high levels of these needs, minorities stand out. At the extreme end, over 90 percent of the African American youth on probation with CSSD have been expelled or suspended from school at least once. Respondents to the surveys and the interviews conducted for this study repeatedly noted that youth who are neither in school nor in jobs are more likely to offend than are those involved in one or the other of those activities.

HZA is not making any recommendation in this area regarding which organization within the state should take responsibility for these services. Educational services are a particular problem because of differing perceptions of who has responsibility. CSSD previously funded educational services and stopped because it viewed that as the responsibility of the school system. On the other hand, a study of CSSD services in 2002 noted that zero tolerance policies in schools may have contributed to the rise in recidivism that drove that study's recommendations, as schools effectively transferred responsibility to the court system for situations which earlier would have been handled within the schools. In addition, the model practices in this area are usually collaborative, involving multiple systems.

Somewhere within the state a decision needs to be made as to which organization will be responsible for ensuring that offender youth have appropriate educational and vocational services. Without an adequate means of addressing these needs, significant decreases in recidivism are not likely to occur.

Since Connecticut's truancy laws now extend until age 18 (unless the youth has graduated or has parental consent to drop out), the first line of offense should be personalized efforts by the probation officer or other advocate to get the youth back into school or a GED program. When that fails, more expensive alternatives are needed such as alternative schools, particularly those that feature a jobs component. One of the issues with selecting appropriate educational and vocational services is the lack of the same kind of evidence of effectiveness that exists with clinical services. Through its literature review, HZA found a number of resources and recommends that the state explore the following three in particular.

- 1) Home Builders Institute, The Workforce Development Arm of the National Association of Homebuilders—Project CRAFT (Community, Restitution and Apprenticeship-Focused Training), An Industry Partnership Working with American's Youth.

- 2) The National Youth Employment Coalition (NYEC): Alternative Education Pathways which improves the effectiveness of organizations that seek to help youth become lifelong learners, productive workers, and productive citizens.
- 3) The Center for Alternative Sentencing and Employment Services, Inc. (CASES) which seeks to increase the understanding and use of community sanctions that are fair, affordable, and consistent with public safety.

The overall cost for the needed educational and vocational services is \$11.6 million (again, estimated gross costs prior to any net calculations). In whose appropriation those dollars should go is a decision the Legislature will have to make.

Recommendation 4: The state should begin to provide services to address the accommodation or living arrangement needs of the 16 and 17 year-old population.

Numerous respondents to the surveys and interviews indicated that a significant proportion of this population is so estranged from family that simply lacking a place to live and the skills to live independently poses a serious risk. There are few if any evidence based practices in this area, which means that the state will have to experiment with different approaches. Most of the relevant programs and practices can be found in the foster care literature on independent living and in the mental health literature on youth who have serious emotional disturbances who are transitioning from the children's mental health system to the adult mental health system. There are also programs and practices on youth who are exiting residential correctional services and returning to the community. HZA could find very few services in Connecticut for 16 and 17 year-olds that include independent living skills such as budgeting, job searching and banking, not to mention transitional living. The report describes one evidence based practice in transitional living which is comprehensive in that it includes the housing component. However, more programs are also needed that focus on independent living skills for youth still at home.

Given the variety of needs and the wide array of potential approaches, identifying a realistic cost for these services is virtually impossible. HZA's recommendation is that the state begin with a relatively small effort of about one million dollars to test different approaches. Such an effort should accommodate 40 to 50 youth a year, assuming one year in the program. As with the other non-evidence based practices, it will be important to monitor the outcomes of these services over (see below).

Recommendation 5: Some funds should be devoted to exploring other approaches to addressing the needs of the 16 and 17 year-old population, including motivational interviewing for probation officers and mentoring.

Unlike the other services discussed here, motivational interviewing is not a contractual service. It is, rather, an approach to the youth used which has been used successfully by probation officers in Washington and Florida to elicit behavior change by helping youth explore and resolve their ambivalence. It is based on the theory that motivation to change is elicited from the client, not imposed from without.

Mentoring focuses on the need for youth to have positive role models. Aos (October 2006) says that mentoring in juvenile justice specifically is a program needing more research. Other studies have shown Big Brothers/Big Sisters to be an effective mentoring model for youth up to age 18. Juvenile Court in Seattle uses three approaches for partnering a juvenile offender with adults. In Adult to Youth partnering, the mentoring program assigns an adult mentor to a juvenile, or a juvenile can select an important adult in his/her life to serve as their mentor. In both cases, the adult mentor is required to meet with the juvenile one time per week. In Family to Youth partnering, a family (a committed group of two or more adults) agrees to invite the juvenile to their home once a week for a meal or activity. In Family to Family partnering, a family agrees to be a supportive resource for the juvenile's entire family. The program's current funding comes from a 5-year grant from the Robert Wood Johnson Foundation as part of the Reclaiming Futures initiative. Mentoring practices may be effective in addressing some of the issues facing youth, including the needs related to peers, leisure and independent living.

Recommendation 6: CSSD and DCF, along with any other relevant state agency, should collaborate to ensure that federal reimbursement is obtained to the maximum extent possible, especially for clinical services for youth on probation.

As noted in the earlier discussion of costs, Medicaid reimbursement is almost certainly available for many of the clinical services to be provided to the probation population. Ensuring that such reimbursement is actually received requires two basic steps. First, providers have to be eligible to provide Medicaid services, as specified in state statutes and/or regulations. When contracts are granted for clinical services, the state agencies need to ensure that eligibility to provide Medicaid services is one factor determining who receives the contracts.

Second, the youth themselves have to be eligible. The extent of youth eligibility is unknown and likely to vary somewhat over time. From an infrastructure point of view, however, the major issue is simply ensuring that all youth are in fact tested for eligibility.

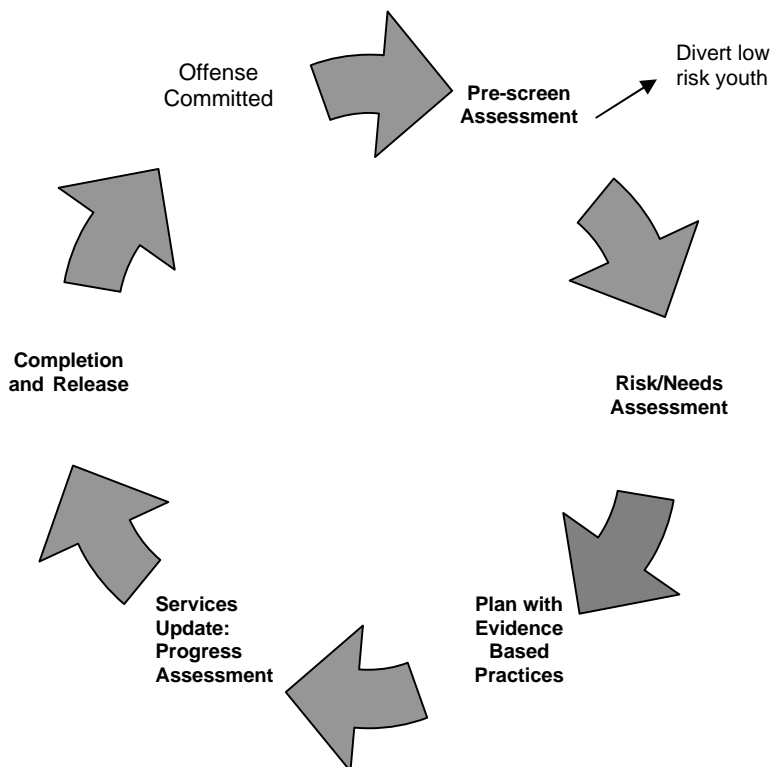
Even if only one in five were eligible, the state would stand to gain one million dollars in reimbursement for its clinical services.

RECOMMENDATIONS ON MECHANISMS

Recommendation 7: **The state should move to an integrated service system for youth which links risk assessment, needs assessment, service planning and delivery, reassessment and outcomes.**

HZA is recommending an assessment, planning and service delivery process which overtly links each phase to the next and provides a feedback loop. At right is a conceptual model of the system.

Such a system permits the ongoing assessment of service effectiveness for each population and characteristic of individuals receiving the service. The integrated system includes the following components:



- 1) Pre-screening Assessment to determine who can be safely diverted;
- 2) Risk/Needs Assessment to determine risk classification, strengths, needs and service requirements;
- 3) Service Plan which overtly ties the needs to evidence based practices;
- 4) Service Update which includes periodic re-assessments and scores on changing strengths and needs;
- 5) Service Completion which includes whether service were completed, the reasons and results;
- 6) Tracking for new offenses so that the effectiveness of both the assessment tools and the services delivered can be done on an ongoing basis;

- 7) Quality Assurance to assure that risk scores are calculated consistently, assessments are completed in a timely manner, reassessments are completed according to policy, results are monitored.

Recommendation 8: The state should use the criteria recommended below to select an automated system that will allow for the implementation of the integrated system described above.

As suggested in this report, the state should use standard criteria to assess various systems for its fully integrated case management system. This might be the PACT system discussed extensively in the body of this report or the COMPAS/CONNCAP system currently being implemented at DCF or any other system which meets the criteria specified here. Of primary importance is that the system should have a screening tool with validated criteria that can be used at the first decision juncture so that the appropriate population can be diverted as well as included. The system should include assessments that have been validated specifically for the population in question, 16 and 17 year olds, and for specific races and gender.

The system should allow data to be imported from other state computer systems both to minimize the workload of the staff and so that logic can be built into the data transfer. That is, many of the risk assessment criteria are based on the youth's criminal history. Different officers can record the information in different ways. If the data is imported the same business rules will apply to all. The system should assess a youth's strengths as well as risks and needs and it should distinguish static from dynamic factors in assessing progress (reassessments). The integrated system should logically lead to the identification of services and permit case planning in the same document. Unlike the current situation where researchers have to read progress notes to determine what services were offered, the new system should have the information categorized to lend itself to easier analysis. The automated system should permit the results to be tracked by probation officers on individual youth, by their supervisors on groups of youth, and by management who review whether assessments are being completed fully and on time. The system should have robust reporting functions including client specific but also aggregate and management reports (e.g., overdue assessments). It should be well supported through curriculum, help desk, and training; it should be customizable; and it should have been used successfully in other states.

The cost components of one integrated data system which meet the above criteria encompass the following, depending upon the state's needs and interests. The system includes the pre-screen tool, full assessment, case planning document and reports:

- 1) One time license fee for each user. (As people change positions they take over the previous user's seat.) The license fee varies from \$150 to \$1000 per seat depending on the number of users.
- 2) Annual maintenance fee of 20 percent of the license price.

- 3) Development charges for system customization at \$100 per hour.
- 4) User training, including Motivational Interviewing for probation officers, the primary users, 2 2-day sessions (with time to use the system in between) at \$2000 per day for the trainers for a class of 30 (i.e., $\$8000/30 = \267 per person).²⁰

The software is designed as a web-based application and can run on an intranet hosted by the state or on a secure internet hosted by Assessments.com. It can be linked to existing information systems so that data fields are pre-populated with existing information from the state.

Recommendation 9: CSSD should expand and enhance its effort to track services and outcomes and should commit to making decisions about which services to offer based on the data from that tracking.

One of the consistent themes in the interviews HZA conducted during this study was that providers did not know whether their services were effective or not. Some even referred the interviewers to CSSD, because “they have the data.” CSSD’s Center for Research, Program Analysis and Quality Improvement has many initiatives to improve data collection and analysis including its expansion of the Contractor Data Collection System and its plans to evaluate the New Haven pilot project, but at this point it does not yet “have the data.”

This report has provided a set of recommendations about the services needed by the current population. As articulated multiple times, many of the services which are recommended for implementation or at least exploration are not yet supported by sufficient evidence of effectiveness. Both to ensure that services are appropriate for a population which is likely to change over time and to create the evidence it needs to make decisions about which services to offer and in what quantities, the court system needs to monitor its progress on an ongoing basis. Periodic studies and new initiatives may still be needed from time to time, but the basic information for decision-making about service to young offenders needs to come from the agency’s own internal data collection mechanisms.

The comprehensive planning systems discussed in recommendation five provide this information. The reason for recommending a move to that type of comprehensive system is only partially to enhance the case specific work of CSSD. An equally powerful reason is that data are needed to ensure that the basic service infrastructure is and remains sound. Without that, success on a case specific basis is immeasurably more difficult.

²⁰ Information provided by Sean Hosman, President, Assessments.com, 877-277-3778. HZA also interviewed Leanne Thomas, Operational Support Administrator for Juvenile Justice in Florida, 850 414-2488. Florida has been running the system successfully for three to four years.

Recommendation 10: The state should ensure that the resources designated for the community based services recommended here are not consumed by increases in residential care which may result from the transfer of 16 and 17 year-olds to the juvenile system.

There is a legitimate concern that moving this population to the juvenile system may result in greater utilization of residential services than has been the case in the adult correctional system. There are at least two reasons to believe that some increase in residential services is likely. First, more youth will be in the service delivery system and will therefore be watched more closely than is now the case. By itself, that fact exposes more youth to decisions to place. Second, the orientation of juvenile courts is different than that of the adult courts. The latter are more likely to use deep-end services as a matter of community protection; the former may use them for that, but they may also use them because they perceive greater assistance being available to the youth in residential settings.

HZA's estimate of the number of youth likely to be placed into residential care is about equal to the number now incarcerated at the Department of Corrections. The upper end of the range of that estimate, however, would result in about one-third more youth going into residential facilities. While this level of placement is neither expected nor intended, major policy shifts such as this transfer often exhibit unintended consequences. It would be ironic if the effort to expand appropriate community based services for 16 and 17 year-old youth resulted in more non-community based service delivery. At a minimum, the issue needs further attention and ongoing monitoring.

APPENDIX A:
CASE READING INSTRUMENT

**CONNECTICUT SERVICE NEEDS STUDY
FOR 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH**

CASE READING INSTRUMENT

IDENTIFYING INFORMATION

1. JIS ID:
2. DCF ID:
3. CMV ID:
4. Other ID:
5. Youth's Name:

ARREST HISTORY

6.
 - a. Provide the following information for the youth's most recent arrest prior to January 1, 2003: the date, the disposition, the sentence imposed (if any), the length of the sentence, the alleged crimes and the crimes of which the youth was convicted or adjudicated.

Disposition Codes

- 1 – Dismissed
- 2 – Dismissed with conditions
- 3 – Acquitted
- 4 – Adjudicated
- 5 – Convicted
- 8 – Other
- 9 – Unable to determine

Sentence Codes

- 01 – Time served
- 02 – Suspended
- 03 – Probation
- 04 – Residential treatment
- 05 – Secure juvenile facility
- 06 – County jail
- 07 – State prison
- 08 – Other
- 88 - Unknown
- 99 – Not applicable

Crime Codes

- | | |
|--|------------------------------------|
| 01 – Any violation (e.g., most traffic offenses) | 11 – Drug purchase offense |
| 02 – Misdemeanor theft | 12 – Drug sales offense |
| 03 – Misdemeanor vandalism | 13 – Other substance abuse offense |
| 04 – Other misdemeanor property offense | 14 – Felony burglary |
| 05 – Misdemeanor assault | 15 – Felony vandalism |
| 06 – Other misdemeanor person offense | 16 – Felony robbery |
| 07 – DUI/DWI | 17 – Other felony person offense |
| 08 – Other alcohol use offense | 18 – Felony assault |
| 09 – Alcohol purchase offense | 19 – Felony battery |
| 10 – Drug use offense | 20 – Felony manslaughter |
| | 21 – Felony murder |
| | 22 – Other felony person offense |
| | 88 – Other |
| | 99 – Unable to determine |

- b. Provide the same information for the most recent arrest prior to January 1, 2003 which led to conviction or adjudication.

7.

- a. Provide the following information for the youth's first arrest, regardless of when it happened and even if you have already recorded this arrest in Q. 6: the date, the disposition, the sentence imposed, the length of the sentence, the alleged crimes and the crimes of which the youth was convicted or adjudicated.
- b. Provide the same information for the youth's first arrest leading to conviction or adjudication, regardless of when it happened and even if you have already recorded this arrest in Q. 6.

SERVICE HISTORY

8. For each arrest listed in questions 6 and 7, indicate which services were ordered by the court?

- 1 - Access and Visitation
- 2 - Adolescent Clinical Treatment
- 3 - Adult Behavioral Health Services
- 4 - Adult Risk Reduction Center
- 5 - Adult Sex Offender Treatment Services
- 6 - Alternative Incarceration Center Services
- 7 - Alternative to Detention Program
- 8 - Bridgeport DV Intervention Services
- 9 - Building Bridges

- 10 - Community Court
- 11 - Community Detention for Girls
- 12 - Community Service Officers
- 13 - Court Based Juvenile Assessments
- 14 - Center for Assessment Respite Enrichment
- 15 - Domestic Violence – EVOLVE
- 16 - Domestic Violence – EXPLORE
- 17 - Drug Intervention Program
- 18 - Family Violence Education Program
- 19 - Gender Specific – Female
- 20 - Hartford Juvenile Review Board
- 21 - Juvenile Diversion Program Services
- 22 - Juvenile Risk Reduction Center
- 23 - Juvenile Sex Offender Services
- 24 - Latino Youth Offender Services
- 25 - Mediation Services
- 26 - Multi-systemic Therapy
- 27 - Residential Services-Halfway House
- 28 - Residential-Substance Abuse Intermediate
- 29 - Residential Services-Jail Re-interview
- 30 - Residential Services-Project Green
- 31 - Residential Services-Medical Detoxification
- 32 - Residential Services-Youthful Offender
- 33 - School Violence Program
- 34 - Women and Children Services
- 35 - Zero Tolerance Drug Supervision Program
- 88 - Other

9. For each of the services listed in question 8, show the following information: type of service, start date, end date, provider, level of progress and reason for ending.

Level of Progress Codes

- 1 – Successful completion
- 2 – Satisfactory, still in progress
- 3 – Inadequate progress
- 4 – Lack of cooperation
- 5 – No longer participating (other)
- 8 – Other
- 9 – Unknown

Reason for Ending Codes

- 1 - Completed/Graduated
- 2 – Returned to Jail or Prison
- 3 – Removed for Rule Violations
- 4 – Referred to Higher (more restrictive) Level of Care
- 5 – Referred to Lower (less restrictive) level of care
- 6 – Refused to cooperate
- 8 – Other
- 9 – Reason Unknown

10. For each service provided after the youth's first arrest and not included in question 8 (i.e., not ordered by the court as the result of an arrest), provide the same information as in question 9.

HEALTH HISTORY

11. Which of the following disabilities does the youth exhibit?
- a. Mental retardation
 - b. Autism
 - c. Other mental disability
 - d. Visually impaired
 - e. Hearing impaired
 - f. Other physical disability
 - g. None of above
12. From which of the following chronic conditions does the youth suffer?
- a. Attention-deficit hyperactivity disorder (ADHD)
 - b. Bi-polar or manic depressive disorder
 - c. Schizophrenia
 - d. Substance abuse
 - e. Hallucinations/delusions
 - f. Seizures
 - g. Tourette's
 - h. Asthma
 - i. HIV/AIDS
 - j. Diabetes
 - k. Dyslexia
 - l. Other mental or emotional condition
 - m. Other physical condition
 - n. None of above
13. Which of the following medications have been prescribed for the youth at any point since the start of 2003?
- a. Haldol
 - b. Stelazine
 - c. Fluanxol
 - d. Lithium
 - e. Methadone
 - f. Tegretol
 - g. Ritalin
 - h. Dexedrine
 - i. Cylert
 - j. Adderall

- k. Steroid
- l. Inhalant
- m. Nebulizer
- n. Cromolyn
- o. Singulair
- p. Zflo
- q. Insulin
- r. Other
- s. None of above

14. Give the dates and reasons for any hospitalizations the youth has experienced since the start of 2000.

EDUCATIONAL HISTORY

15. What is the youth's current or latest grade completed?

- a. Grade level
 - 1 – 12 Actual grade completed
 - 13 – Some technical school
 - 14 – Completed technical school
 - 15 – Some college
 - 16 – BA or BS degree
 - 17 – Higher than BA/BS degree
 - 99 – Unable to determine

- b. Current or completed

- 1 – Current
- 2 – Completed

- c. Last date attended
- d. Reason not currently attending

- 1 – Graduated
- 2 – Dropped out
- 8 – Other
- 9 – Unable to determine

16. Does the youth have an IEP (or, Did the youth have an IEP when he or she last attended school)?

- 1 – Yes
- 5 – No

- a. If so, what was the date of the first IEP?

17. Is the youth attending special education classes (or, Was the youth attending special education classes when he or she last attended school)?

1 – Yes

5 – No

18. Is the youth attending an alternative school (or, Was the youth attending an alternative school when he or she last attended school)?

1 – Yes

5 – No

EMPLOYMENT HISTORY

19. Is the youth currently employed?

1 – Yes, full-time

2 – Yes, part-time

5 – No – SKIP to Q. 21

20. How long has the youth been employed at this job (in months)? SKIP to Q. 25

21. Has the youth been employed in the past?

1 – Yes, full-time

2 – Yes, part-time

5 – No – SKIP to Q. 25

22. When did the youth leave his or her last job?

23. How long did the youth work at his or her last job (in months)?

24. Why did the youth leave his or her last job?

1 – Job ended (other temporary job)

2 – Returned to school

3 – Resigned voluntarily

4 – Laid off due to lack of work

5 – Terminated for cause

6 – Other

LEVEL OF SERVICE INVENTORY

COMPLETE THIS SECTION ONLY IF THERE ARE PAPER RECORDS OF THE LEVEL OF SERVICE INVENTORY WHICH ARE **NOT** RECORDED IN THE COMPUTER SYSTEM USED FOR THE LSI.

25. What was the date of the first LSI after this youth's first arrest after January 1, 2003?
26. Show all the scores on the first LSI.
27. What was the date of the second LSI after this youth's first arrest after January 1, 2003?
28. Show all the scores on the second LSI.

APPENDIX B:
SURVEY INSTRUMENTS

**SERVICE NEEDS STUDY: 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH
PROVIDER AGENCY ADMINISTRATOR SURVEY**

Name: _____ (optional)

Position: _____

Agency: _____

*This survey is being conducted as part of a Service Needs Study for the Court Support Services Division of the Connecticut Judicial Branch as well as for the Department of Children and Families. The study focuses on sixteen and seventeen year olds involved in Connecticut's criminal justice system and the questions relate to the kinds of services you deliver to that and similar populations. Within the next five days, please return the survey in the postage paid envelope to: Hornby Zeller Associates, Inc., 100 Commercial Street, Suite 300, Portland, ME 04101. **If you have any questions, please call HZA's HELP DESK at 1 800 436-4105. Thank you.***

1. From the list below, please indicate which programs you provide to youth ages 12 through 21 which are funded by DCF and/or the Court Support Services Division of the Connecticut Judicial Branch, the annual budget for the service and the number of youth served per year. **Include only programs at your site, not those provided by your agency in other parts of the state and provide the name of any "other" program, i.e., any program not on the list.**

Program or Service	Funding Agency			Annual Budget	Number Served per Year		
	DCF	Court Support	Other		12-15	16-17	18-21

- | | | |
|---|---|---|
| 1 – Adolescent Clinical Treatment | 9 – Court Based Juvenile Assessments | 16 – Juvenile Risk Reduction Center |
| 2 – Adult Behavioral Health Services | 10 – Center for Assessment Respite Enrichment | 17 – Mediation Services |
| 3 – Alternative Incarceration Center Services | 11 – Domestic Violence – EVOLVE | 18 – Multi-systemic Therapy |
| 4 – Alternative to Detention Program | 12 – Domestic Violence – EXPLORE | 19 – Residential–Substance Abuse Intermediate |
| 5 – Building Bridges | 13 – Drug Intervention Program | 20 – Residential-Other |
| 6 – Community Court | 14 – Family Violence Education Program | 21 – School Violence Program |
| 7 – Community Detention for Girls | 15 – Juvenile Diversion Program Services | 22 – Women and Children Services |
| 8 – Community Service Officers | | 23 – Other (specify) |

2. How would you describe your agency's treatment or service philosophy? _____

3. Please estimate the percentage of your total program funding provided by each of the following:

- | | |
|----------------|-------|
| a. CSSD | _____ |
| b. DCF | _____ |
| c. Client Fees | _____ |
| d. United Way | _____ |
| e. Other | _____ |

Please specify: _____

4. Organizational Structure: *Please check those that apply to your agency.*

- ☐ Independent (not part of a larger parent agency)
- ☐ Part of a hospital or larger healthcare facility
- ☐ Part of a university or school
- ☐ Part of a prison or other criminal justice program
- ☐ Part of a tribal government
- ☐ Part of a community-based organization
- ☐ Part of a municipal/local mental health agency
- ☐ Part of a municipal/local substance abuse agency
- ☐ Part of a state mental health agency
- ☐ Part of a state substance abuse agency
- ☐ Part of a non-profit community service agency
- ☐ Part of a for-profit company

5. Who runs the parent agency?

- ☐ CEO or President
- ☐ Medical Director
- ☐ Appointed Officers
- ☐ Elected Officers
- ☐ Other (specify) _____

6. Please estimate the percentage of youth referred from each source over the past fiscal year:

- a. Percent referred from probation: _____
- b. Percent referred from parole: _____
- c. Percent referred from the Courts: _____
- d. Percent referred from jail/prison: _____
- e. Percent of referred from DCF: _____
- f. Percent self-referred: _____
- g. Percent referred from other sources: _____ Specify: _____

7. What is the highest academic degree held by the majority of your front-line staff?

- 1 – High School Diploma
- 2 – Bachelor's
- 3 – Master's
- 4 – Doctorate
- 5 – Other

8. What is the average caseload of your front-line staff? _____

9. What percent of your staff are bi-lingual? _____

10. Please indicate the percentage of youth your program(s) serves by gender:

Gender	% of Clients
Male	
Female	

11. Please indicate the percentage of youth your program(s) serves by age:

Age	% of Clients
Under 16	
16 – 17	
18 and older	

12. Please list any programs or services for which your agency has a waiting list or waiting period exceeding one week. Identify the average number of youth waiting and the average wait time.

Program or Service	Number Waiting	Average Waiting Time (Weeks)
1.		
2.		
3.		
4.		
5.		

13. Please estimate the percent of youth who left your program for each of the following reasons over the past fiscal year:

Reason Clients Left Program(s)	% of Clients
Completed/Graduated	
Left State	
Returned to Jail or Prison	
Removed for Rule Violations	
Referred to Higher (more restrictive) Level of Care	
Referred to Lower (less restrictive) level of care	
Death	
Reason Unknown	
Other (specify)	
Total	100%

14. Using the same list as earlier, please check the program models you provide and indicate how well you think each one achieves its intended results.

Program Model	Quality			
	Excellent	Good	Fair	Poor
<input type="checkbox"/> Adolescent Clinical Treatment				
<input type="checkbox"/> Adult Behavioral Health Services				
<input type="checkbox"/> Alternative Incarceration Center Services				
<input type="checkbox"/> Alternative to Detention Program				
<input type="checkbox"/> Building Bridges				
<input type="checkbox"/> Community Court				
<input type="checkbox"/> Community Detention for Girls				
<input type="checkbox"/> Community Service Officers				
<input type="checkbox"/> Court Based Juvenile Assessments				
<input type="checkbox"/> Center for Assessment Respite Enrichment				
<input type="checkbox"/> Domestic Violence – EVOLVE				
<input type="checkbox"/> Domestic Violence – EXPLORE				
<input type="checkbox"/> Drug Intervention Program				
<input type="checkbox"/> Family Violence Education Program				
<input type="checkbox"/> Juvenile Diversion Program Services				

Program Model	Quality			
	Excellent	Good	Fair	Poor
<input type="checkbox"/> Juvenile Risk Reduction Center				
<input type="checkbox"/> Mediation Services				
<input type="checkbox"/> Multi-systemic Therapy				
<input type="checkbox"/> Residential-Substance Abuse Intermediate				
<input type="checkbox"/> Residential-Other				
<input type="checkbox"/> School Violence Program				
<input type="checkbox"/> Women and Children Services				
<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Other (specify)				

15. Are the results any of these programs achieve different for youth 16 to 17 than they are for those either younger or older?

Yes _____ No _____

If yes, please explain: _____

16. Please assess the following statements by circling a number and writing a brief explanation:

- a. The services we provide for offenders ages 16-17 are significantly different from the services we provide to offenders under age 16.

Strongly Agree

Strongly Disagree

1

2

3

4

5

Please explain:

- b. The services we provide for offenders aged 16-17 are significantly different from the services we provide to offenders over age 17.

Strongly Agree

Strongly Disagree

1

2

3

4

5

Please explain:

- c. The services we provide for offenders ages 16-17 are significantly different from the services we provide to non offenders.

Strongly Agree

Strongly Disagree

1

2

3

4

5

Please explain:

17. For each of the following age groups, which three issues pose the most serious challenges to avoiding future arrest? For each challenge what program or service have you experienced as effective (if none, leave blank)? Please rank the need for more of this service type in your community.

Age Group	Challenge	Effective Service to Meet Challenge	Need for More of This Service in Your Community				
			High 1	2	3	4	Low 5
Under 16	1.						
	2.						
	3.						
16 – 17	1.						
	2.						
	3.						
18 and over	1.						
	2.						
	3.						

18. Are there gender differences you would like to highlight for the table above?

19. Are there any general comments you would like to make about services for court-involved youth who are 16 or 17 years of age?

Thank you very much. Please return your questionnaire in the enclosed envelope.

SERVICE NEEDS STUDY: 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH
PROVIDER AGENCY STAFF SURVEY

Name: _____(optional)

Agency: _____

Job Title: _____

Program or Service: _____

*This survey is being conducted as part of a Service Needs Study for the Court Support Services Division of the Connecticut Judicial Branch as well as for the Department of Children and Families. The study focuses on sixteen and seventeen year olds involved in Connecticut's criminal justice system and the questions relate to the kinds of services you deliver to that and similar populations. **Within the next five days**, please return the survey in the postage paid envelope to: Hornby Zeller Associates, Inc., 100 Commercial Street, Suite 300, Portland, ME 04101. **If you have any questions, please call HZA's HELP DESK at 1 800 436-4105. Thank you.***

1. How many clients are currently assigned to you? _____

2. Of these, how many are 16 to 17 years old? _____

3. Do you use a risk and/or needs assessment tool for all incoming clients?

☐ Yes

☐ No

If so, state which one (e.g., ASI, SAS, one developed internally): _____

4. Is this tool used for: (check all that apply)

☐ Identifying strengths and needs

☐ Classifying youth

☐ Planning for youth

☐ Measuring progress of youth

☐ Other (explain): _____

5. How satisfied are you with the tool?

Very Satisfied

Not Satisfied

1

2

3

4

5

Please explain:

6. Please check the program models in which you are involved and indicate how well you think each one achieves its intended results.

Program Model	Quality			
	Excellent	Good	Fair	Poor
<input type="checkbox"/> Adolescent Clinical Treatment				
<input type="checkbox"/> Adult Behavioral Health Services				
<input type="checkbox"/> Alternative Incarceration Center Services				
<input type="checkbox"/> Alternative to Detention Program				
<input type="checkbox"/> Building Bridges				
<input type="checkbox"/> Community Court				
<input type="checkbox"/> Community Detention for Girls				
<input type="checkbox"/> Community Service Officers				
<input type="checkbox"/> Court Based Juvenile Assessments				
<input type="checkbox"/> Center for Assessment Respite Enrichment				
<input type="checkbox"/> Domestic Violence – EVOLVE				
<input type="checkbox"/> Domestic Violence – EXPLORE				
<input type="checkbox"/> Drug Intervention Program				
<input type="checkbox"/> Family Violence Education Program				
<input type="checkbox"/> Juvenile Diversion Program Services				
<input type="checkbox"/> Juvenile Risk Reduction Center				
<input type="checkbox"/> Mediation Services				
<input type="checkbox"/> Multi-systemic Therapy				
<input type="checkbox"/> Residential–Substance Abuse Intermediate				
<input type="checkbox"/> Residential-Other				
<input type="checkbox"/> School Violence Program				
<input type="checkbox"/> Women and Children Services				
<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Other (specify)				

7. Are the results any of these programs achieve different for youth 16 to 17 than they are for those either younger or older?

Yes ____ No _____

If yes, please explain: _____

8. Please assess the following statements by circling a number:

- a. The services we provide for offenders ages 16-17 are significantly different from the services we provide to offenders *under* age 16.

Strongly Agree

Strongly Disagree

1

2

3

4

5

Please explain: _____

- b. The services we provide for offenders ages 16-17 are significantly different from the services we provide to offenders over age 17.

Strongly Agree

Strongly Disagree

1 2 3 4 5

Please explain: _____

- c. The services we provide for offenders ages 16-17 are significantly different from the services we provide to non offenders.

Strongly Agree

Strongly Disagree

1 2 3 4 5

Please explain: _____

9. For each of the following age groups, which three issues pose the most serious challenges to avoiding future arrest? For each challenge what program or service have you experienced as effective? If none, leave blank. Please rank the need for more of this service in your community.

Age Group	Challenge	Effective Service to Meet Challenge	Need for More of This Service in Your Community				
			High 1	2	3	4	Low 5
Under 16	1.						
	2.						
	3.						
16 – 17	1.						
	2.						
	3.						
18 and over	1.						
	2.						
	3.						

10. Are there gender differences you would like to highlight for the table above?

11. What is your highest academic degree?
- | | |
|------------------------------------|--|
| <input type="checkbox"/> MD or DO | <input type="checkbox"/> Master's |
| <input type="checkbox"/> PA or NP | <input type="checkbox"/> Bachelor's |
| <input type="checkbox"/> RN or LPN | <input type="checkbox"/> HS diploma |
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Less than high school |
12. What professional credentials/certifications/licenses do you hold? _____
13. How would you describe yourself? **(Check all that apply)**
- ☐ Caucasian
- ☐ African-American
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ Other
14. What is your age? _____
15. How long have you worked at this program? _____ years _____ months
16. How long have you worked with youth? _____ years
17. How long have you worked with offender populations? _____ years
18. Are there any general comments you would like to make about services for court-involved youth who are 16 or 17 years of age?
- _____
- _____

Thank you very much. Please return your questionnaire in the enclosed postage paid envelope.

APPENDIX C:
INTERVIEW INSTRUMENTS

**SERVICE NEEDS STUDY: 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH
JUDGE INTERVIEW INSTRUMENT**

Person Interviewed: _____ Adult: _____ Juvenile: _____

City: _____

Interviewer: _____ Date: _____

1. You work with juveniles. What are the basic differences in the way you operate and the way that adult courts operate with 16 and 17 year-old youth?

Or:

You work with adults, including the 16 and 17 year-old youth who are of concern in our study. What are the basic differences in the way you operate with those youth and the way that juvenile courts operate?

2. Aside from the issue which brings these youth to your court (presumably an arrest), what are the most significant issues facing these youth? *Look for responses such as substance abuse, family disruption and educational performance/behavior, but try to avoid probing or otherwise suggesting answers.*
3. Do you order specific services or programs? For which kinds of cases are you most likely to do that?

4. Which service programs do you order or refer to most often? Why those in particular?
5. When you order or refer a youth to a service, how frequently is the youth unable to access the service or experience a significant delay in receiving the service? What are the most common reasons for those delays?
6. If success means avoidance of future arrests, which programs do you think are most successful? Are there particular programs that work better for some youth than for others?
7. What would it take to make the programs for young offenders in this community work more successfully? *Probe for things which are more substantive than "more staff or more money."*

8. Are there other programs or services which should be available but to which you do not have access, either in general or for specific sub-populations? *The judge may know only the problems that need solving and may be able to describe the service only in the terms of those problems.*
9. To what extent do you think the success of the programs to which you refer youth depends on whether the offender is classified as a juvenile or an adult?
10. Is there anything I have not asked that you think we need to know in order to help the Legislature determine what changes to service programs are needed to allow 16 and 17 year-old offenders to be treated as juveniles rather than as adults?

**SERVICE NEEDS STUDY: 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH
PROBATION OFFICER INTERVIEW INSTRUMENT**

Person(s) Interviewed: _____ Adult: _____ Juvenile: _____
Position: _____ City: _____
Interviewer: _____ Date: _____

1. Could you describe your work with young offenders in terms of: how many you work with at one time, when you get involved with them, how long you generally supervise them and what specific activities that supervision involves?

2. What kinds of crimes have the youth you see committed most often? Least often? Aside from the crimes themselves, what are the most significant issues you have to address with the youth? Are there correlations between the crimes and these other issues? *Look for responses such as substance abuse, family disruption and educational performance/behavior, but try to avoid probing or otherwise suggesting answers.*

3. What is the process for determining which issues receive the most attention in terms of service delivery? Is this the same process that guides the way you work with the youth? *If respondent mentions a risk or needs assessment, find out which one.*

4. With which service programs do you work most often? How do you work with the providers of these services, e.g., simply refer the youth, jointly plan and monitor services, etc.?
5. How often is a youth unable to receive a service to which you have referred or which has been court-ordered? How often is there a significant delay in receipt of the service? What are the most common reasons for this?
6. If success means avoidance of future arrests, which programs do you think are most successful? Are there particular programs that work better for some youth than for others?
7. What would it take to make the programs for young offenders with which you work more successful? *Probe for things which are more substantive than “more staff or more money.”*

8. Are there other programs which should be available but to which you do not have access, either in general or for specific sub-populations?
9. To what extent does the success of the programs you work with depends on whether the offender is classified as a juvenile or an adult?
10. Is there anything we have not asked that you think we need to know in order to help the Legislature determine what changes to service programs are needed to allow 16 and 17 year-old offenders to be treated as juveniles rather than as adults?

**SERVICE NEEDS STUDY: 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH
PROVIDER INTERVIEW INSTRUMENT**

Person(s) Interviewed: _____ Position: _____

Agency: _____ City: _____

Program(s): _____

Interviewer: _____ Date: _____

1. Could you describe the range of youth with whom you (*if administrator, "your agency"*) work in terms of their legal status, the referral sources and their ages?

2. Aside from the issue which brings these youth to your agency (presumably an arrest or adjudication), what are the most significant issues you have to address with them? *Look for responses such as substance abuse, family disruption and educational performance/behavior, but try to avoid probing or otherwise suggesting answers.*

3. What is the process for determining which issues receive the most attention? *If respondent mentions a risk or needs assessment, find out which one.*

4. Can you describe the basic approach you and your colleagues take to addressing these issues? *This is a question designed to obtain a description of the program model in which the worker/supervisor is involved or, in the case of administrators, which the agency provides. If the question does not elicit that response ask directly about the program model.*
5. Does your program make any **special** efforts to address: the youths' educational needs? behavioral needs? mental health needs? substance abuse needs? Please describe.
6. If success means avoidance of future arrests, how successful do you think this program is? With which youth is the program most and least successful and why? Do you have any way of tracking the youth when they leave? *They may say they do not know what happens when the youth leave, so be prepared to rephrase to get some answer. They almost certainly have an impression.*
7. Are there youth you decline to accept into the program? Are there youth referred to you who never appear for services? How frequent is this? What are the most common reasons for it?

8. What would it take to make this program more successful? *Probe for things which are more substantive than “more staff or more money.”*
9. Are there other programs which you do not provide but which you have seen that are successful, either in general or with specific sub-populations?
10. What difference would it make to your work if 16 and 17 year-old offenders were treated as juveniles rather than as adults?
11. Is there anything I have not asked that we need to know in order to help the Legislature determine what changes to service programs are needed to allow 16 and 17 year-old offenders to be treated as juveniles rather than as adults?

APPENDIX D:
CONTRACT REVIEW INSTRUMENT

SERVICE NEEDS STUDY: 16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH
CONTRACTED SERVICES REVIEW INSTRUMENT

General Provider Information

Agency Name: _____
 Address: _____
 Telephone: (____) _____ - _____

Primary Contact: _____
 Provider Name: _____

Contracting Agency:

☐ Judicial Branch ☐ DCF ☐ Other (specify) _____

Enter the value of each source of funds for the total contract value:

State	Federal	Client	Other
\$ _____	\$ _____	\$ _____	\$ _____

Contract Period: ____/____/____ to ____/____/____

Hours of Operation: _____ or Hours Open per Week: _____
☐ Daytime ☐ Evening ☐ Weekend

Days of Week Open: (complete if possible)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Program Model - Check only one for each contract.

Adult Program

- ☐ Access and Visitation
- ☐ Anger Management/Community Courts
- ☐ Behavioral Health Services
- ☐ Risk Reduction Center
- ☐ Alternative Incarceration Ctr
- ☐ Domestic Violence Intervention
- ☐ Building Bridges
- ☐ Community Court
- ☐ Community Service Officers
- ☐ Domestic Violence – EVOLVE
- ☐ Domestic Violence – EXPLORE
- ☐ Drug Intervention
- ☐ Family Violence Education
- ☐ Gender Specific – Female
- ☐ Mediation Services
- ☐ Residential Svcs, Halfway House
- ☐ Residential Svcs, Substance Abuse
- ☐ Residential Svcs, Jail Re-interview
- ☐ Residential Svcs, Project Green

- ☐ Residential Svcs, Medical Detoxification
- ☐ Residential Svcs, Youthful Offender
- ☐ Women and Children Svcs
- ☐ Sex Offender Treatment
- ☐ Zero Tolerance Drug Supervision
- ☐ Other (specify) _____

Juvenile Program

- ☐ Adolescent Clinical Treatment
- ☐ Alternative to Detention
- ☐ Community Detention for Girls
- ☐ Court Based Juvenile Assessment
- ☐ Center for Assessment – Respite Enrichment
- ☐ Hartford Juvenile Review Board
- ☐ Juvenile Diversion
- ☐ Juvenile Risk Reduction
- ☐ Juvenile Sex Offender Services
- ☐ Latino Youth Offender Services
- ☐ Multi-systemic Therapy
- ☐ School Violence
- ☐ Other (specify) _____

DCF Service Area – Check only one for each contract.

Family Preservation Services

- ☐ Respite ☐ Drug and Alcohol Prevention Program

Mental Health Intervention/Treatment Services

- ☐ Care Coordination ☐ Emergency Mobile Services
☐ Intensive In-home Services ☐ Multi-systemic Therapy
☐ Outpatient Adolescent Substance Abuse Treatment Programs ☐ Child Guidance Clinics
☐ Crisis Stabilization ☐ Extended Day Treatment Program

Adolescent and Transitional Services

- ☐ Mentoring ☐ Youth Advisory Board
☐ Life Skills Program ☐ SWET Program
☐ Preparing Adolescent for Self Sufficiency ☐ CHAP Program
☐ Re-entry Program ☐ CHEER Career Track
☐ Post-secondary Education ☐ Post-secondary Educational Support
☐ Driver Education Program ☐ Jim Case Initiative
☐ Department of Labor (employment opportunity planning and searching) ☐ Parenthood Program
☐ Wilderness School ☐ Black Greek Alliance
☐ Job Corps Program ☐ Safe Harbor Program

Placement Services

- ☐ Residential Treatment ☐ Detention Facility
☐ Group Home ☐ Therapeutic Foster Home
☐ Foster Home ☐ Respite Care
☐ Crisis Stabilization ☐ Treatment Foster Care

Service Area – Check all that apply unless service area is statewide.

- | | | | |
|--|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> GA1 | <input type="checkbox"/> GA2 | <input type="checkbox"/> GA3 |
| <input type="checkbox"/> GA4 | <input type="checkbox"/> GA5 | <input type="checkbox"/> GA6 | <input type="checkbox"/> GA 7 |
| <input type="checkbox"/> GA 8 | <input type="checkbox"/> GA9 | <input type="checkbox"/> GA10 | <input type="checkbox"/> GA 11 |
| <input type="checkbox"/> GA12 | <input type="checkbox"/> GA13 | <input type="checkbox"/> GA14 | <input type="checkbox"/> GA15 |
| <input type="checkbox"/> GA16 | <input type="checkbox"/> GA17 | <input type="checkbox"/> GA18 | <input type="checkbox"/> GA19 |
| <input type="checkbox"/> GA 20 | <input type="checkbox"/> GA21 | <input type="checkbox"/> GA22 | <input type="checkbox"/> GA23 |
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southwest | <input type="checkbox"/> Eastern | <input type="checkbox"/> No. Central |
| <input type="checkbox"/> So. Central | <input type="checkbox"/> Hartford | <input type="checkbox"/> New Haven | <input type="checkbox"/> Bridgeport |
| <input type="checkbox"/> Norwich | <input type="checkbox"/> Waterbury | <input type="checkbox"/> Norwalk | <input type="checkbox"/> Middletown |
| <input type="checkbox"/> Danbury | <input type="checkbox"/> Montville | <input type="checkbox"/> New Britain | <input type="checkbox"/> Rockville |
| <input type="checkbox"/> Stamford | <input type="checkbox"/> Torrington | <input type="checkbox"/> Waterbury | <input type="checkbox"/> Willimantic |
| <input type="checkbox"/> Other (specify) _____ | | | |

Evidence Based Curriculum – Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Controlling Your Anger and Learning to Manage It (CALM) | <input type="checkbox"/> Choices |
| <input type="checkbox"/> Aggression Replacement Therapy | <input type="checkbox"/> Treating Alcohol Dependence |
| <input type="checkbox"/> Criminal Conduct and Substance Abuse Treatment | <input type="checkbox"/> Pathways to Change |
| <input type="checkbox"/> Helping Women Recover | <input type="checkbox"/> Seeking Safety |
| <input type="checkbox"/> Other (specify) _____ | |

Capacity

Complete the table for each type service the provider is contracted to provide as part of *this* contract.

Service Type	Unit of Service	Cost per Unit of Service	Budgeted Units

Unit of Service: (H) Hourly, (D) Daily, (C) Client bed, (S) Session, (O) Other (specify)

List the specific services the provider agreed to provide – if the contract does not specify a cost per service.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

List the title for each staff type and the number that are to provide services.

Staff Title	Quantity	Staff Title	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Client Eligibility Criteria

Ages Accepted – *Check all that apply.*

- ☐ Under 13
 ☐ 13
 ☐ 14
 ☐ 15
 ☐ 16
 ☐ 17
 ☐ 18
 ☐ 19
 ☐ 20
 ☐ 21
 ☐ 21 +

Gender(s) Accepted:

- ☐ Males only
 ☐ Females only
 ☐ Both

Court-related eligibility criteria – *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Jail-bound | <input type="checkbox"/> Pre-trial |
| <input type="checkbox"/> Direct sentencing | <input type="checkbox"/> Alternative to probation revocation |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Preventive |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Diversion |
| <input type="checkbox"/> Other (specify) _____ | |

Restrictions – *Check client factors which the program will not accept.*

- | | |
|---|--|
| <input type="checkbox"/> Mental retardation, autism | <input type="checkbox"/> Mental and/or emotional disorder |
| <input type="checkbox"/> Physical health condition | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> Sexual offender/sexually acts out |
| <input type="checkbox"/> Homicidal ideation | <input type="checkbox"/> High risk offender |
| <input type="checkbox"/> Chronic delinquency | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Juvenile justice involvement | |

**CONNECTICUT SERVICE NEEDS STUDY:
16 AND 17 YEAR-OLD COURT-INVOLVED YOUTH**

APPENDIX E: LITERATURE REVIEW

Prepared for:

**STATE OF CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION**

and

DEPARTMENT OF CHILDREN AND FAMILIES

Prepared by:

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January 15, 2007

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JUVENILE OFFENDER PREVENTION AND INTERVENTION PROGRAMS

PROGRAMS DESIGNED FOR IN-CRISIS POPULATION

Program Name: Functional Family Therapy (FFT)

Program Purpose

Functional Family Therapy (FFT) is a family-based prevention and intervention program for dysfunctional youths that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families. It integrates several elements (established clinical theory, empirically supported principles and extensive clinical experience) into a clear and comprehensive clinical model. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive.

Target Population

Ages 11-18, who are at risk for and/or presenting delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder or Disruptive Behavior Disorder.

Program Description

The model includes specific phases: engagement/motivation, behavior change and generalization. Engagement and motivation are achieved by decreasing the intense negativity often characteristic of high-risk families. The behavior change phase aims to reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions (skill training in family communication, parenting, problem-solving and conflict management). The goal of the generalization phase is to increase the family's capacity to adequately use multi-systemic community resources and engage in relapse prevention.

Services Provided

FFT ranges from an average of eight to 12 one-hour sessions for mild cases and incorporates up to 30 sessions of direct service for families in more difficult situations. Sessions are generally spread over a three-month period and can be conducted in clinical settings as an outpatient therapy and as a home-based model.

Delivery Modes

Flexible delivery of service by one and two person teams to clients in various settings—in-home, clinic, juvenile court and at time of re-entry from institutional placement.

Evaluation Description

Several evaluation studies using matched or randomly assigned control/comparison group designs were conducted between 1973 and 1997. The studies have included follow-up periods of one, two, three and five years. The model has been applied to populations in urban and rural settings and among many racial and ethnic groups.

- 1) In one of the first randomized trials of FFT, 86 families of delinquents were randomly assigned to one of four treatment conditions: (1) no treatment, (2) a client-centered family approach, (3) an eclectic–dynamic approach or (4) FFT. The evaluation was developed to measure three levels of outcomes: process changes in family interaction, recidivism rates of the youths and the rate of sibling contact with the court 2½ to 3½ years following the intervention.
- 2) In a comparison study, 27 delinquents (male and female) who had either recently been placed out of the home or for whom placement was imminent, were court-referred to FFT. A comparison group of 27 lower-risk delinquents received only probation. Outcomes were measured by the number and severity of offenses during 2½ years following group assignment.
- 3) In 1997, the Washington State Legislature passed the Community Juvenile Accountability Act (CJAA). The CJAA’s goal is to cost effectively reduce juvenile crime by establishing research-based programs in the state’s juvenile courts. Four CJAA programs were selected by Washington’s 33 juvenile courts for this study: (a) Aggression Replacement Training (ART), (b) Functional Family Therapy program (FFT), (c) Multi-Systemic Therapy (MST) and (d) Coordination of Services.

The institute took a different approach to assign eligible youth to the comparison group. Comparison groups of juvenile offenders who did not receive a CJAA program were selected using the “waiting line” approach in which all juvenile offenders were assessed by court staff using the Washington State Juvenile Court Assessment (WSJCA). First, all adjudicated youth were assessed with a pre-screen instrument that determines the youth’s level of risk. The level of risk was determined by the pre-screen criminal history and social history risk scores. Second, only the moderate to high-risk youth were assessed with the full instrument to determine their risk profile. The full assessment was organized into nine domains: school, free-time, employment, relations, family (current and prior), drug/alcohol, mental health, antisocial attributes and skills. For each domain, a risk or protective factor score was computed. Another score was developed to measure aggression.

Youth who met the selection criteria and had a sufficient period of time under supervision to complete the program were assigned by court staff to the appropriate CJAA program. When the program reached capacity (meaning all therapists had full

caseloads or sessions were full), the remaining eligible youth were assigned by court staff to the control group and never participated in the program; instead, they received the usual juvenile court services. The evaluation design incorporated a time period for service providers to learn the treatment program before youth were included in the outcome evaluation. For the FFT interventions, only youth whose service provider had at least 90 days of supervised experience were included in the study.

To measure recidivism, the institute follows the definition for recidivism established by the 1997 Legislature (Barnoski, Standards for Improving Research Effectiveness). Recidivism is measured using conviction rates for subsequent juvenile or adult offense. For evaluation purposes, three reconviction rates are reported: (a) total misdemeanor and felony convictions, (b) felony convictions and (c) violent felony convictions. The follow-up “at-risk” period for each youth is 18 months. In calculating rates, the institute allows a 12-month period for an offense to be adjudicated by the courts.

Findings

The findings from the first two evaluations of FFT show that when compared with standard juvenile probation services, residential treatment, and alternative therapeutic approaches, FFT is highly successful. The outcome findings of the research conducted during the past 30 years show that when compared with no treatment, other family therapy interventions, and traditional juvenile court services (e.g., probation), FFT can reduce adolescent re-arrests by up to 60 percent. Moreover, both randomized trials and comparison group studies show that FFT significantly reduces recidivism for a wide range of juvenile offense patterns.

The findings from the institute suggest that when compared the three adjusted 18-month recidivism rates for youth in the control group versus all youth receiving FFT, regardless of therapist competence, there are no statistically significant differences for the three types of recidivism. After rating the therapists, the preliminary FFT findings demonstrated that the group FFT therapists rated as competent had reduced the 12-month felony recidivism rates of youth. In addition, researchers argue that when therapists were not competent, the felony recidivism rates of youth may have increased.

Cost-Benefit Findings

The average cost of FFT is \$2,100 per family.

- 1) When FFT is delivered by competent therapists, it generates \$10.69 in benefits (avoided crime costs) for each dollar spent on the program. When not competently delivered, FFT costs the taxpayer \$4.18. Averaging these results for all youth receiving FFT, regardless of the therapist competence, results in a net savings of \$2.77 per dollar of costs.
- 2) Researchers argue that when the FFT model is delivered competently, the program reduces felony and violent felony recidivism cost effectively.

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Program Name: Multidimensional Treatment Foster Care (MTFC)

Program Purpose

Multidimensional Treatment Foster Care (MTFC) is a behavioral treatment alternative to residential placement for adolescents who have problems with chronic antisocial behavior, emotional disturbance and delinquency.

Target Population

Ages 11-18.

Program Description

MTFC is based on the Social Learning Theory model that describes the mechanisms by which individuals learn to behave in social contexts and the daily interactions that influence both pro-social and antisocial patterns of behavior. Consequently, the MTFC program recruits and trains community families to provide MTFC-placed adolescents with treatment and intensive supervision in home, school and the community. The treatment program includes a structured living environment with clear and consistent limits, positive reinforcement for appropriate behavior, relationship with a mentoring adult, and separation from delinquent peers.

Services Provided

The program places adolescents in a family setting for six to nine months. MTFC parents are supported by a case manager who coordinates all aspects of their youngster's treatment program. Additional components of the program include: weekly supervision and support meetings for MTFC parents; skill-focused individual treatment for youths; weekly family therapy for biological parents (adoptive or other aftercare resource); frequent contact between participating youths and their biological/adoptive family members, including home visits; close monitoring of the youngsters' progress in school; coordination with probation/parole officers; and psychiatric consultation/medication management as needed.

MTFC Training for Community Families emphasizes behavior management methods to provide youth with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program case manager where ongoing supervision is provided. Supervision and support is also given to MTFC parents during daily telephone calls to check on youth progress and problems. Moreover, family therapy is provided for the youth's biological (or adoptive) family, with the ultimate goal of returning the youth back to the home. The parents are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents are encouraged to have frequent contact with the MTFC case manager to get information about their child's progress in the program. Frequent

contact is maintained between the MTFC case manager and the youth's parole/probation officer, teachers, work supervisors and other involved adults.

Evaluation Description

Numerous studies have been conducted on the effectiveness of the MTFC approach. A full-scale clinical trial conducted during 1990–96 was the largest and most comprehensive.

- 1) Randomly assigned to treatment: seventy-nine 12 to 17 year-old male juvenile offenders with histories of chronic and serious delinquency were randomly assigned to treatment in MTFC or group care (GC) for an average of seven months. The sample was 85 percent white, six percent African-American, six percent Hispanic, and three percent Native American. In GC, the boys lived with six–15 others who had similar delinquency histories. In MTFC, boys were placed individually in homes with families recruited from the community. The MTFC parents were trained in behavior management skills and were closely supervised. Data was collected on official arrests and confidential reports of criminal activity. The number of days each boy was incarcerated was tracked, as was information on school attendance, academic advancement and mental health. Data was collected every two months for a year.
- 2) Another evaluation compared the effectiveness of MTFC with typical community treatment for youths ages nine to 18 leaving state mental hospitals.

Randomly Assigned to Treatment

Cases were referred by the hospital community outreach team and randomly assigned to the treatment (n=10: five males, five females) or control group (n=10: three males, seven females). The treatment group received MTFC, while control group members were placed in community settings such as a group home, a juvenile corrections training school, a secure residential treatment center, or remained in the State hospital. The control group received milieu, individual, and/or group therapy, depending on their placement. Measures included the PDR Checklist, which examined rates of problem behaviors; the Behavior Symptom Inventory, which examined the presence/absence of psychiatric symptoms and the tracking of re-hospitalizations.

Family Focused Treatment

To gauge the effectiveness of enhanced services and stipends for foster care parents, 72 foster children from three Oregon counties were studied for two years. The sample was 61 percent female, 86 percent white, six percent African-American, four percent Hispanic, and four percent other or mixed ethnicities. Their foster parents were randomly assigned to three groups: (1) assessment only, in which parents were neither

paid for their participation nor given enhanced training and support; (2) payment only, in which parents were paid for their participation but did not receive enhanced training or support; and (3) enhanced training and support, in which parents did not receive payment but did receive enhanced training and support. Foster parents and children were assessed before placement, shortly after placement, three months after placement and two years after placement.

Findings

Evaluation results showed that MTFC was not only feasible but also, when compared to alternative residential treatment models, cost effective and led to better outcomes for children and families. The clinical trial of MTFC found that, compared with the control group (GC), MTFC youths spent 60 percent fewer days in incarceration during the 12-month follow-up, had significantly fewer subsequent arrests, and had significantly less hard-drug use. A significantly greater proportion of boys in MTFC completed their programs successfully (73 percent versus 36 percent). In addition, MTFC boys reported significantly fewer psychiatric symptoms, had better school adjustment, returned to their family homes after treatment more often and rated their lives as happier, compared with boys in GC.

Researchers found that providing enhanced services, support, and a stipend for foster families increases the retention rate of foster care parents. Also, youths in the treatment groups were less likely than the control group youths to fail in their foster care placement.

Cost-Benefit Findings

The average cost of MTFC is \$2,691 per month, and the average length of stay is seven months. The research found that the behavior of the institutionalized and seriously disturbed youths was not perceived to deteriorate or to be unmanageable when moved to the less restrictive foster care program. This placement in foster care saved an average of \$10,280 per case in hospitalization costs.

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Program Name: Multi-Systemic Therapy (MST)

Program Purpose

Multi-Systemic Therapy (MST) typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services.

Target Population

Ages 12-17.

Program Description

Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, seven days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a four-month period. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive-behavioral, and the pragmatic family therapies. This family–therapist collaboration allows the family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.

Evaluation Description

The first controlled study of MST with juvenile offenders (Henggeler et al., 1986) evaluated the effectiveness of the therapy in comparison with usual community treatment for inner-city juvenile offenders and their families. The study's success led to several randomized trials and quasi-experimental studies aimed at extending the effectiveness of MST to other populations of youths who presented serious clinical problems, and their families.

The National Institute of Mental Health–funded Simpsonville, South Carolina, study (Henggeler et al., 1992; Henggeler et al., 1993) examined MST as an alternative to the incarceration of violent and chronic juvenile offenders. The primary goals of the project were to decrease criminal activity, out-of-home placements and cost of services. The project included 84 violent and chronic juvenile offenders, of whom 54 percent had been arrested for violent crimes. Their mean number of arrests was 3.5, and they averaged 9½ weeks of prior placement in correctional facilities. The average age of the youths was 15.2 years, and 77 percent were male. The average Hollingshead social class score was 25. Twenty-six percent lived with neither biological parent. Fifty-six percent were African-American, with the remainder white.

- Youths were assigned randomly to receive MST, using the family preservation model of service delivery (MST; n=43) or usual services provided by the South Carolina Department of Juvenile Justice (n=41). The average duration of treatment was 13 weeks. Assessment batteries, consisting of standardized measurement instruments, were administered pretreatment and post-treatment.
- In the most comprehensive and extensive completed evaluation of MST to date (Borduin et al., 1995), the effectiveness of MST was compared with individual therapy (IT). Participants (n=200) were 12 to 17 year-old juvenile offenders and their families, referred from the local Department of Juvenile Justice office and randomly assigned to receive either MST (n=92) or IT (n=84). Twenty-four families refused services. The juvenile offenders were involved in extensive criminal activity as evidenced by their average of 4.2 previous arrests and the fact that 63 percent had been incarcerated previously. The average age of the youths was 14.8 years, with 67 percent male. Seventy percent were white, 30 percent African-American. Sixty-five percent were from families characterized by low socioeconomic class, and 53 percent lived with two parental figures. Standardized assessment batteries were conducted at pretreatment and post-treatment.

In 1997, the Washington State Legislative passed the Community Juvenile Accountability Act (CJAA). Its goal is to reduce juvenile crime, cost effectively, by establishing “research-based” programs in the state’s juvenile courts. Four CJAA programs are selected by Washington’s 33 juvenile courts for this study; one of the programs was Multi-Systemic Therapy (MST).

The institute took a different approach to assign eligible youth to the control group. Control groups of juvenile offenders who did not receive a CJAA program were selected using the “waiting line” approach. In the waiting line approach, all juvenile offenders are assessed by court staff using the Washington State Juvenile Court Assessment (WSJCA). First, all adjudicated youth are assessed with a pre-screen instrument that determines the youth’s level of risk. The level of risk is determined by the pre-screen criminal history and social history risk scores. Second, only moderate to high-risk youth are assessed with the full instrument to determine their risk profile. The full assessment is organized into nine domains: school, free-time, employment, relations, family (current and prior), drug/alcohol, mental health, antisocial attributes and skills. For each domain, a risk or protective factor score is computed. Another score was developed to measure aggression.

Youth who met the selection criteria and had a sufficient period of time on supervision to complete the program were assigned by court staff to the appropriate CJAA program. When the program reached capacity (all therapists had full caseloads or sessions were full), the remaining eligible youth were assigned by court staff to the control group and never participated in the program; instead, they received the usual juvenile court

services. The evaluation design incorporated a time period for service providers to learn the treatment program before youth were included in the outcome evaluation. For the MST interventions, only youth whose service provider had at least 90 days of supervised experience were included in the study.

To measure recidivism, the institute follows the definition for recidivism established by the 1997 Legislature (Barnoski, Standards for Improving Research Effectiveness). Recidivism is measured using conviction rates for subsequent juvenile or adult offense. For evaluation purposes, three reconviction rates are reported: (a) total misdemeanor and felony convictions; (b) felony convictions; and (c) violent felony convictions. The follow-up “at-risk” period for each youth is 18 months. In calculating rates, the institute allows a 12-month period for an offense to be adjudicated by the courts.

Findings

The results of the Simpsonville Study showed that MST was effective at reducing rates of criminal activity and institutionalization. At the 59-week post-referral follow-up, youths receiving MST had significantly fewer re-arrests and weeks incarcerated than did youths receiving usual services. At post-treatment, youths receiving MST reported a significantly greater reduction in criminal activity than did youths receiving usual services. Families receiving MST reported more cohesion, whereas reported family cohesion decreased in the usual services condition. Further, families receiving MST reported decreased adolescent aggression with peers, while such aggression remained the same for youths receiving usual services. Significantly, the relative effectiveness of MST was not moderated by demographic characteristics (e.g., race, age, social class, gender, and arrest and incarceration history). Similarly, preexisting problems in family relations, peer relations, social competence, behavior problems and parental symptomatology were not differentially predictive of outcomes. Moreover, a 2.4-year follow-up (Henggeler et al., 1993) showed that MST doubled the percentage of youths who did not recidivate, in comparison with usual services.

In the second study, families receiving MST reported and evidenced more positive changes in their dyadic family interactions than did IT families at post-treatment. For example, MST families reported increased cohesion and adaptability and showed increased supportiveness and decreased conflict–hostility during family discussions, in comparison with IT families. Most important, results from a four-year follow-up of recidivism showed that youths who received MST were significantly less likely to be rearrested than youths who received individual therapy. MST completers (n=77) had lower recidivism rates (22.1 percent) than MST dropouts (46.6 percent; n=15), IT completers (71.4 percent; n=63), IT dropouts (71.4 percent; n=21), and treatment “refusers” (87.5 percent; n=24). Moreover, MST dropouts were at lower risk of re-arrest than IT completers, IT dropouts, and refusers. In addition, MST youths were less likely to be arrested for violent crimes (e.g., rape, attempted rape, sexual assault, aggravated assault, assault/battery) following treatment than were IT youths. Youths’ age, race, social class, gender and pretreatment arrest history did not significantly alter the effectiveness of MST.

In the third study, the 18-month adjusted felony recidivism rate for the control group was 25 percent compared with 35 percent for MST. Although it appears that MST participants had higher recidivism rates, none of the differences in recidivism rates between the two groups is statistically significant. Researchers further examine this finding by rating therapist. The rating distributions for the clinical supervisors were very different; Children's Home ratings were much higher than the Bold Solutions ratings. This result may reflect differences in therapist behavior, or the use of different "anchor points" by the two supervisors. Even after standardizing the ratings for each supervisor, only a few items from Nine Principles Review Form were correlated with recidivism. Therefore, these ratings could not be used to assess therapist competence. However, these results led to an examination of the outcomes for each organization: King County and Kitsap/Pierce Counties.

Kings County findings show that the estimate of the effect of MST on recidivism seems to decrease recidivism by 11.8 percent, but the difference is not statistically significant. However, in the case of both counties, Kitsap/Pierce, the recidivism rate for the control group decreased for 19 percent to nine percent, while the MST group's recidivism rate decreased from 40 percent to 33 percent. The estimate of the negative effect of MST on recidivism is statistically significant. The results suggest that MST youth had higher rates of recidivism in both counties than the control group. This might suggest that the statistical modeling did not successfully control for systematic differences between treatment and control groups in Kitsap/Pierce.

Other Findings

The implementation of MST in Washington State threatened the validity of the evaluation's results. Therefore, this evaluation cannot conclusively indicate whether or not MST, as implemented in Washington, had any effect on recidivism. The study only estimated the effect that the CJAA programs have on crime outcomes. It did not attempt to determine whether the programs improve other outcomes, such as decreases in substance abuse or increases in education levels. As a result, the study does not include their other potential, but unmeasured benefits of the CJAA programs. If the courts and the state wish to continue funding MST, the institute recommends re-evaluating the program.

Cost-Benefit Findings

According to Colorado State University, Center for the Study and prevention of Violence, MST has achieved favorable outcomes at cost saving in comparison with usual mental health and juvenile justice services, such as incarceration and residential treatment. At a cost of \$4,500 per youth, a recent policy report concluded that MST was the most cost-effective of a wide range of intervention programs aimed at serious juvenile offenders.

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Henggeler, Scott W., Sharon F. Mihalic, Lee Rone, Christopher R. Thomas, and Jane Timmons–Mitchell. 1998. *Blueprints For Violence Prevention, Book 6: Multisystemic Therapy*. Boulder, Colo.: Center for the Study and Prevention of Violence.

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Program Name: Multidimensional Family Therapy (MDFT)

Program Purpose

Multidimensional Family Therapy (MDFT) is a family-based treatment and substance abuse prevention program developed for adolescents with drug and behavior problems. The multidimensional perspective suggests that symptom reduction and enhancement of pro-social and appropriate developmental functions occur by facilitating adaptive developmental events and processes in several domains of functioning. The treatment seeks to significantly reduce or eliminate an adolescent's substance abuse and other problem behavior and to improve overall family functioning through multiple components, assessments, and interventions in several core areas of life.

Target Population

Ages 11-18.

Program Description

The objectives for the adolescent include transformation of a drug-using lifestyle into a developmentally normative lifestyle and improved functioning in several developmental domains. The objectives for the parent include blocking parental abdication by facilitating parental commitment and investment, improving the overall relationship and day-to-day communication between parent and adolescent, and increasing knowledge about and changes in parenting practices (e.g., limit-setting, monitoring, appropriate autonomy granting).

There are two intermediate intervention goals for every family: helping the adolescent achieve an interdependent attachment bond to parents and family, and helping the adolescent forge durable connections with pro-social influences such as schools, peer groups, and recreational and religious institutions.

Evaluation Description

- 1) Several studies have been conducted on Multidimensional Family Therapy in a variety of community-based clinical settings, targeting a range of populations. In the first trial, 182 clinically referred marijuana- and alcohol-abusing adolescents were randomized to one of three treatments: MDFT, adolescent group therapy (AGT) or multifamily educational intervention (MFEI). The amount of treatment in all three treatment conditions was controlled so that each treatment consisted of 14 to 16 weekly, office-based therapy sessions.

A theory-based multimodal assessment strategy measured symptom changes and pro-social functioning at intake, termination, and six and 12 months following termination. Participants were drug-using adolescents

who at the time of intake had, on average, a 2½-year history of drug use. Eighty percent were male, 51 percent were white non-Hispanic, 18 percent African-American, 15 percent Hispanic and 16 percent other ethnicities. Forty-eight percent came from single-parent households, 31 percent two-parent, and 21 percent stepparent households. Median yearly family income was \$25,000. Youths were primarily polydrug users, coupling near daily use of marijuana and alcohol with weekly use of cocaine, hallucinogens, or amphetamines. Sixty-one percent were on juvenile probation.

- 2) A second trial examined MDFT in comparison with Cognitive-Behavioral Therapy (CBT). Two-hundred twenty-four adolescents referred to a community clinic for substance abuse treatment were randomly assigned to one of the two treatments. The final sample was primarily male (81 percent), African-American (72 percent), and low income (38 percent reported total yearly family incomes of less than \$10,000; 23 percent between \$10,000 and \$20,000) with 41 percent of families on public assistance. Seventy-five percent were referred from the juvenile justice system, with 55 percent on juvenile probation at the time of intake. Self-reported adolescent drug use and adolescent-reported and parent-reported externalizing and internalizing symptomatology were assessed at intake and again at six and 12 months following treatment termination. The analyses employed Hierarchical Linear Models (commonly known as HLM) and progressed through two different stages.
- 3) A prevention intervention version of MDFT has been tested in a controlled prevention trial that evaluated immediate post-intervention outcomes for a group of at-risk, inner-city young adolescents and their families. The sample was recruited from a community youth program and randomly assigned to the treatment (n=61) or control group (n=63). The sample was 56 percent female, with a mean age of 12½ years, and was 97 percent African-American. Four variables: self-competence, family, school and peer functioning were assessed.

Findings

- 1) The first evaluation demonstrated that MDFT resulted in the greatest and most consistent improvements in adolescent substance abuse and associated behavior problems. The MDFT group had the greatest number of youth with a clinically significant change in drug use; 45 percent versus 32 percent in AGT and 26 percent in MFEI. Only adolescents in the MDFT group reported significant improvements in family competence and grade point average. MDFT also was better at keeping adolescents in treatment; 30 percent failed to complete treatment compared with 34 percent in MFEI and 48 percent in AGT.

- 2) When compared with CBT, MDFT was shown to have longer lasting treatment effects. Both therapies reduced symptomatology from pre-treatment to post-treatment across the three domains that were tested: drug use, externalizing symptoms and internalizing symptoms. However, only adolescents who received MDFT were able to maintain these changes after the termination of treatment.
- 3) When MDFT is used for prevention the results also show positive changes. When compared with controls, adolescents and their families who received MDFT showed gains on four key indicators of adolescent well-being: increased self-concept, increased family cohesion, increased bonding to school and decreased association with antisocial peers. The treatment group also showed evidence of reversing negative developmental trends.

Authors: Title and Publication Reference

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Program Name: Brief Strategic Family Therapy (BSFT)

Program Purpose

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and adolescents who are displaying, or are at risk for developing, behavior problems, including substance abuse.

Target Population

Ages 8-18.

Program Description

The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. The therapy is tailored to target the particular problems, interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths) and restructuring (transforming maladaptive interactions).

Services Provided

BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions over more than 3 months. For more severe cases, such as substance-abusing adolescents, the average number of sessions and length of treatment may be doubled. Treatment can take place in office, home or community settings.

Evaluation Description

Numerous studies have looked at the effectiveness of BSFT. The most comprehensive study used an experimental pretest–posttest design with 104 families of African-American (n=25) or Hispanic (n=79) descent. Families were eligible for the study if they had a 12 to 14-year-old child about whom the family or school reported a complaint of externalizing problems in the form of misconduct, internalizing problems in the form of anxiety/depression, had significant academic problems or had initiated drug or alcohol use. Adolescents who had attempted suicide were not excluded from the study. The sample was 75 percent male, with a mean age of 13.1. Participants were randomized to the experimental condition or the community comparison condition. The two groups were not significantly different. The experimental group received BSFT, while the

comparison group received whatever therapy the particular community agency used. Researchers assessed the adolescents' behavior problems as well as engagement and retention in treatment.

Findings

BSFT was able to engage and retain a significantly larger number of cases than other forms of treatment. Families in the treatment group were more likely to engage in treatment (81 percent versus 61 percent) and once engaged were more likely to stay in treatment to completion (71 percent versus 42 percent). Families in BSFT were 2.3 times more likely to engage and complete treatment than families in the comparison group. Researchers also found that BSFT was more successful at retaining cases with high levels of conduct disorder.

Despite the higher percentage of difficult to treat cases, BSFT achieved comparable, if not slightly better, treatment effects on behavior problems than the comparison condition.

Authors: Title and Publication Reference

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Szapocznik, José, A. Rio, E. Murray, R. Cohen, M.A. Scopetta, A. Rivas–Vasquez, Olga E. Hervis, and V. Posada. 1989. "Structural Family Versus Psychodynamic Child Therapy for Problematic Hispanic Boys." *Journal of Consulting and Clinical Psychology* 57(5):571–78.

Program Name: Maine Juvenile Drug Treatment Court

Program Purpose

Maine, one of the few states to successfully implement a statewide system of juvenile drug courts, currently operates six such courts, which serve seven counties. The program provides comprehensive community-based services to juvenile offenders and their families (post-plea, but pre-final disposition).

Target Population

Ages 13-18.

Program Description

The program runs roughly 50 weeks and operates in four phases, each with distinct treatment goals and specified completion times. Participants are required to attend drug treatment, weekly court appearances and meetings with a drug treatment court manager. To advance to the next phase, participants must have a specified number of weeks of clean alcohol and drug tests and no unexcused absences from treatment or court appearances. In addition to treatment for substance abuse, the program offers a variety of other services such as educational programming, job training, mental health services and recreational planning. The program functions through a collaboration between the Maine District Court, the Maine Department of Health and Human Services, Office of Substance Abuse, and the Maine Department of Corrections, Juvenile Services.

Evaluation Description

The Maine Juvenile Drug Treatment Court evaluation employed a quasi-experimental design with nonequivalent comparison groups. The treatment group consisted of 105 juvenile drug court participants who either completed the program through graduation or were expelled. The comparison group was constructed from information gathered from Maine's Department of Corrections and the Juvenile Treatment Network. The group included 105 similar adolescent offenders who were exposed to traditional adjudication. The comparison group was matched on demographic characteristics, substance use history, criminal risk, living situation and school status. All youths were tracked for 12 months following program completion. Intermediate outcomes measured were life improvements, relapse rates and recidivism rates. Data included observations from court visits, bio-psychosocial evaluations, weekly progress reports, case files, and interviews with program participants and key informants. Arrest data derived from two sources: (1) the Maine Department of Corrections and (2) the Maine Department of Public Safety.

Findings

Key evaluation findings include:

- A positive program effect, with fewer juvenile drug court participants (43 percent) being arrested than the control group (49 percent) and program graduates (40 percent) being the least likely to re-offend overall. Juvenile drug court participants are also less likely than the control group to be rearrested for alcohol or drug-related offenses or for committing violent crimes.
- The juvenile drug treatment court program has produced a reduction in criminal justice related expenditures (costs of detention/jail, probation and averted crimes) and will become cost-effective with expanded capacity.
- An analysis of offender characteristics reveals that the majority of participants are moderate to high-risk white males with fairly severe substance-abuse histories.
- Offenders requiring a relatively low level of treatment intervention are one third as likely to recidivate as offenders requiring more intensive treatment interventions.
- The rate of in-program positive drug tests among juvenile drug court participants in Maine (24 percent) is lower than the rate of positive drug tests for other adolescents in Maine's juvenile justice system (33 percent).
- Participants who are more frequently tested have lower rates of positive drug tests.

Authors: Title and Publication Reference

Anspach, Donald F., Andrew S. Ferguson, and Laura L. Phillips. 2003. Evaluation of Maine's Statewide Juvenile Drug Treatment Court Program: Fourth Year Outcome Evaluation Report. Augusta, Maine: University of Southern Maine.

Program Name: The Wayne County Intensive Probation Program (IPP)

Program Purpose

The Wayne County Intensive Probation Program (IPP) in Detroit, Michigan, is administered by the juvenile court and operated by the court probation department and two private, nonprofit agencies under contract with the court. The IPP target population is adjudicated delinquents who have been committed to the State Department of Social Services.

Target Population

Ages 12-17.

Program Description

Youth referred to IPP are placed in one of three programs for services and supervision: (1) Intensive Probation Unit (IPU), (2) In-Home Care Program (IHC), (3) State Ward Diversion (SWD). Private agencies operate the last two programs.

The IPU program uses the traditional intensive supervision model. It is characterized by low caseloads (a maximum of ten youths per probation officer) and frequent probation officer contacts and surveillance activities. It operates through a system of four phases, with diminishing levels of supervision as the juvenile demonstrates more appropriate behavior. Probation officers must have two to three weekly face-to-face contacts with youths during the first phase and at least one face-to-face contact per week during the subsequent phases. In addition, telephone contacts to check school attendance, curfew adherence and home behavior are made regularly. Youths remain in the program for seven to 11 months.

The two private programs have different approaches. The IHC employs a family-oriented services and treatment approach based on the philosophy that comprehensive family treatment using community resources is needed to alleviate the causes of delinquent behavior. It provides comprehensive services including: supervision; individual, family, and group counseling; educational planning; recreational activities and comprehensive employment training and placement activities. The maximum caseload ratio is one family worker to every eight juveniles. Family counselors meet with the juveniles and their families three to five times a week during the early stages of the program and a minimum of once a week as youths demonstrate progress in the program. The length of the program is nine to 12 months.

The SWD is a day treatment program actively involved in several key areas of a youth's life: home, family, school, employment, and community. An onsite alternative education program offers classes every weekday for five hours, 12 months per year. In addition, the program provides ongoing individual and group counseling, youth information groups, group parenting sessions, psychological evaluations, pre-employment preparation for older youth, family outings and structured group activities. Finally, the

probation counselor not only sees the youth onsite every weekday but also meets with the youth and parents at least once a week. Program enrollment is for a minimum of 11 months and generally does not exceed 15 months.

Evaluation Description

The IPP was evaluated using a randomized control group design. The experimental group (n=326) consisted of youths assigned to any one of the three intensive supervision probation programs. The control group (n=185) consisted of youths placed in a state institution. The sample was 100 percent male, 69 percent African-American and 67 percent from single-parent households. The average age was 15.4 years. After youths were randomly assigned to either the experimental or control group, they were tracked for two years. Data was collected through court and program records and through several interviews with youths, parents and program staff.

Findings

The evaluation found that the overall performances of the experimental and control groups were comparable. Institutionalized youths were slightly less likely to reappear in court than were intensive probation youths. However, this difference disappeared when time at risk in the community was taken into account. In addition, IPP youth committed fewer serious crimes than the institutional youths, performed better on self-report tests, and were less likely to commit violent crimes measured both by court records and self-reported data. Finally, it was concluded that IPP was as effective as incarceration at less than one third the cost. The program saved an estimated \$8.8 million over three years.

Authors: Title and Publication Reference

Barton, William H., and Jeffrey A. Butts. 1990. "Viable Options: Intensive Supervision Programs for Juvenile Delinquents." *Crime and Delinquency* 36(2):238–56.

Program Name: Intensive Probation Supervision

Program Purpose

The Cuyahoga County (Ohio) Intensive Probation Supervision (IPS) program provides intensive supervision and treatment services to serious felony juvenile offenders.

Target Population

Ages 14-18.

Program Description

The supervision components consist of (1) a 30-day period of house arrest, (2) strict curfews, (3) hourly school reports on attendance and behavior and (4) compliance with all program rules. The basic treatment service model is provided through a service brokerage, whereby community resources are used to treat youth. In addition, the program uses a team structure approach for the supervision and treatment of each youth. Each team consists of three surveillance officers, one senior probation counselor and one probation manager. The senior probation counselor plays a critical role, providing administrative supervision of the team members and coordinating the services the client receives. A comprehensive needs assessment instrument determines the services provided to each probationer. Both the probation officer and the youth develop a behavioral contract that stipulates the objectives to be accomplished during the probation period. This contract is signed by the officer, the youth, and (if possible) the youth's parent or guardian. Youths remain in IPS anywhere from eight to 14½ months.

Services Provided

The program is divided into three phases. With each successive phase, intensity of supervision and surveillance decreases. The phases culminate in the formation of an aftercare support group and discharge.

Phase 1 (three to four months) consists of:

- a probation agreement (behavior contract);
- three weekly contacts (at random) by the surveillance officer;
- a counseling session every two weeks by a probation counselor;
- team assessment by the probation officer, the probation counselor, and the surveillance officer, using risk and needs assessment; and
- service delivery that addresses treatment needs.

Phase 2 (two to three months) consists of:

- two weekly random contacts by the surveillance officer;
- service delivery that addresses treatment needs; and
- increased parental responsibility.

Phase 3 (one to two months) consists of:

- weekly random contacts by the surveillance officer;
- complete formation of a support group (parents and significant others); and
- discharge.

Evaluation Description

The program was evaluated using a quasi-experimental comparison group design with a nonequivalent comparison group. The recidivism rates of all IPS youths from August 1986 through July 1987 (n=127) were compared with a random sample of youths (n=363) placed on traditional probation in 1984, before the IPS program was introduced. The probation classification instrument showed that 89 percent of IPS youths were male, 51 percent were minorities, 44 percent were ages 16 or 17 when they were placed on probation and 80 percent were referred for a probation violation. The 'IPS classified' youths in 1984 were 74 percent male and 49 percent minority, and 45 percent of them were ages 15 or 16 when they were placed on probation. All comparison youths scored at the same level as the IPS youths on a probation classification system.

The study also compared the recidivism rates of a random sample of youths placed in a traditional program from August 1986 through July 1987 (n=583) with the same random sample of youths placed on probation in 1984. The 1986–87 sample was 73 percent male and 50 percent African-American, and it was equally distributed across the probation levels.

Recidivism was defined as a new offense subsequent to the probation order, excluding probation violations. Data was tracked for 18 months through the juvenile court's management information system and the court's personal computer for youths' risk factor classification category and subsequent offenses while on probation.

Findings

The evaluation results suggest that the IPS program produced a large reduction in recidivism. In probation, comparison youths re-offended at a rate of 65.2 percent, whereas youths placed in the IPS program had a 46.5 percent recidivism rate, which resulted in a recidivism reduction of 28.7 percent after the implementation of the IPS program. An analysis comparing recidivism rates by race for the IPS intervention group showed no statistically significant differences.

The comparison of the probation samples showed similar recidivism rates for the 1984 and 1986–87 samples (31.1 percent versus 32.1 percent). When comparing across supervision levels, differences emerge. The low-classification group exhibited an increase in recidivism rates, from 9.6 percent to 18.0 percent. The medium-supervision youths showed a slight increase, from 30.3 percent to 34.7 percent. The high-level supervision group exhibited a decrease in recidivism, from 52.2 percent to 50.0 percent. The ‘ISP classified’ youths showed an even greater decrease in recidivism, from 65.5 percent to 52.4 percent.

Other Notable Points

The above results seem to be attributable to four key factors. First, the probation graduated-sanctions system was driven by an empirically validated risk assessment instrument that classified offenders according to their degree of risk for recidivism. Only high-risk offenders were admitted to the IPS program. Second, intensive services were delivered along with intensive supervision. Third, the program used a needs assessment instrument to identify priority treatment needs and to develop and implement treatment plans. Fourth, the senior probation counselor on each unit team played a critical role in ensuring that probation officers abided by the classification system in making placement decisions and handling IPS probationers in a manner consistent with the IPS program guidelines.

Authors: Title and Publication Reference

Hamparian, Donna M., and Lynn Sametz. 1990. Innovative Programs in Cuyahoga County Juvenile Court: Intensive Probation Supervision and Probation Classification. Cleveland, Ohio: Federation for Community Planning, Ohio Serious Juvenile Offender Project.

Wiebush, Richard G., and Donna M. Hamparian. 1991. “Variations in ‘Doing’ Intensive Supervision: Programmatic Issues in Four Ohio Jurisdictions.” In Troy L. Armstrong (ed.). *Intensive Interventions With High-Risk Youths: Promising Approaches in Juvenile Probation and Parole*. Monsey, New York: Criminal Justice Press, 153–88.

Program Name: Connections

Program Purpose

Connections is a community-based collaborative juvenile justice and mental health program that uses a strength-based, wraparound approach to address the needs of juvenile offenders with emotional and behavioral disorders and their families. Balanced and restorative justice principles and values are incorporated in plans to increase youths' skills, provide services to victims and increase public safety.

Target Population

Ages 8-18.

Program Description

Connections staff are combined into teams consisting of a mental health professional serving as a care coordinator, a family assistance specialist, a probation counselor and a juvenile services associate. The mental health care coordinator facilitates wraparound team meetings with youths, families and team members to identify strengths, determine needs, and locate or create services and supports. The family assistance specialist positions are each staffed by a caregiver of a child who has been in the juvenile justice and mental health system; the specialists provide emotional and practical support, often by helping a family prepare for meetings or accompanying them through court proceedings. The family assistance specialist and the mental health care coordinator positions are both available 24 hours a day, seven days a week. The probation counselor's primary responsibility is to ensure that services promote community safety, and the counselor is responsible for ongoing supervision of court orders. The juvenile services associate works closely with youths to assist them in completing requirements of the treatment plan; in addition they also work as mentors, often accompanying youth to activities in the community. A staff clinical psychologist provides 20 hours a week to the program performing psychological evaluations, staffing cases, and counseling youths. Psychiatric services, including medication management, are contracted. Any juvenile justice staff person can refer youths to the program. Criteria for admission include having six months or more of probation time remaining, having a diagnosed or diagnosable behavioral health disorder, receiving services in more than one system, and being assessed as having a moderate or high risk to re-offend as determined by one's score on the Washington State Juvenile Court Assessment. An initial wraparound team meeting occurs within 30 days of intake and the child and family teams meet at least once a month, or as often as necessary, depending on the needs and circumstances of the youth and family. Youths are discharged from Connections when their probationary periods are completed.

Evaluation Description

This study used a posttest design with a control group to test effectiveness of the program on the recidivism rate of juvenile offenders who have mental health problems. The sample included a treatment group of 106 youths in the Connections program and 98 youths who were identified as being served in both the juvenile justice and mental health systems, but not involved in the program because they aged out of services, were discharged from probation, moved out of the county, or had other significant changes during the 21 months between identification and program development. To verify comparability, data from the two groups was compared on variables that have been related to recidivism in previous studies including age, race, gender, number of offenses and age at first offense. Race was divided into white or “other” race because of the small number of youths of color in the sample. When compared, age, race, gender and age of first offense, were not significantly different. The difference between the two groups in number of prior offenses was significant. On average, youths in Connections had one more offense than youths in the comparison group, before identification. The age of first offense was close to statistical significance, but with an average difference of less than five months. These baseline differences were statistically controlled for in the analysis. The outcome variable, recidivism, was measured in two ways: (1) the number of days between identification and any type of subsequent substantiated offense including probation violations, misdemeanors and felonies; (2) the number of days between identification and a substantiated felony offense.

Findings

The evaluation found that intervention group and gender predicted time until offense. It also found that age at identification, age at first arrest, number of prior arrests and ethnicity were not significant predictors. Youths in the comparison group were 2.8 times as likely to commit an offense as youths in Connections. Boys were 1.5 times as likely to commit an offense as girls. The evaluation found that intervention group and gender also predicted time until felony offense. Youths in the comparison group were three times as likely to commit a felony offense as youths in Connections. Boys were 2.2 times as likely to commit a felony offense as girls. Of youths in Connections, 72 percent served detention at some point in the 790-day post-identification window; this is significantly different from the comparison group, in which all youths served detention. Of those who did serve detention, the youths in Connections had an average of 4.4 detention episodes, significantly fewer than the average of 7.5 episodes served by youths in the comparison group. The findings show that youths in Connections took three times as long to recidivate, served fewer episodes of detention and spent fewer total days in detention compared to the control group.

Authors: Title and Publication Reference

Pullmann, Michael D., Jodi Kerbs, Nancy Koroloff, Ernie Veach–White, Rita Gaylor, and DeDe Sieler. 2006. “Juvenile Offenders With Mental Health Needs: Reducing Recidivism Using Wraparound.” *Crime and Delinquency* 52(3):375–97.

Program Name: Restorative Justice for Low-risk Offenders

Program Purpose

Washington State began funding small restorative justice projects such as victim-offender mediation, victim impact panels and community accountability boards. These projects operated as simple programs providing services to a limited number of youth in the justice system and to victims impacted by crime. In their OJJDP report on Restorative Justice, Gordon Bazemore and Mark Umbreit offer several principles and values that serve as the framework for a restorative justice program. Restoration is defined as repairing the harm and rebuilding relationships; this serves as the primary goal of restorative justice. Foremost, committing crimes creates an obligation in a person or persons to “make things right.” All parties should be part of the response to the crime, including the victim if he or she wishes, the community and the juvenile offender. The victim’s perspective is central to deciding how to repair the harm caused by the crime, and accountability for the juvenile offender means accepting responsibility and acting to repair the harm committed. Ultimately, results or outcomes are measured by how much repair was done rather than by the extent of a punishment.

Program Description

A Community Juvenile Justice System requires comprehensive and integrated strategies/activities that seek to:

- 1) educate and mobilize the community to be involved in addressing juvenile crime (Community Education and Mobilization);
- 2) strengthen and/or reform justice system practices to be consistent with restorative justice principles (justice system strengthening and/or reforms);
- 3) reduce conditions and opportunity for crime (Crime Prevention Strategies);
- 4) ensure accountability for offenders (Offender Accountability);
- 5) repair harm to individuals and organizations (Victim Reparation Services); and
- 6) ameliorate underlying risk conditions and build positive competencies in juvenile offenders (Juvenile Offender Competency Development).

Evaluation Description

A sample of 99 Restorative Justice program participants were pulled from six program demonstration sites in Washington state. These participants were contrasted against a group of 90 comparison cases. A follow-up of participants was taken after over a year had elapsed for each individual, as the median follow-up elapsed time was 16.5 months for the intervention group and 16.9 months for the comparison group.

Findings

The two groups of youth were substantially similar in terms of gender, prior history of offenses, past history of aggression, and school status and performance, but different in

terms of age and ethnicity. The evaluator found that the Intervention and Comparison groups would appear to be comparable on most of the key variables that predict recidivism, with the exception of ethnicity and age; the Comparison Group youth were slightly older (14.4 years vs. 15.1 years), and were more likely to be a minority youth than those youth in the Intervention Group. Recidivism rates for the Restorative Justice programs were 17.2 percent for the program participants, and 48.9 percent for the comparison group. Results of the Restorative Justice Recidivism Study suggest that post-adjudicated probation youth who received restorative justice interventions were less likely to recidivate in a one to two year follow-up period (mean 16.5 months) than a comparable group of juvenile offenders on standard probation.

Authors: Title and Publication Reference

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Rowe, W.E. (2002). A Meta-Analysis of Six Washington State Restorative Justice Projects: Accomplishments and Outcomes. Governor's Juvenile Justice Advisory Committee (GJJAC), Office of Juvenile Justice, Olympia, Washington.

Program Name: The Delaware Juvenile Drug Court Diversion Program

Program Purpose

The Delaware Juvenile Drug Court Diversion Program helps first-time juvenile misdemeanor drug offenders develop the skills and maturity necessary to prevent further criminal behavior. All juveniles in the program receive case management services from a private agency that provides outpatient drug abuse prevention, intervention, and treatment services to teens. The services the program provides to juveniles include regular urine screenings, court reporting, and accompaniment for monthly court reporting. The program asks that juveniles maintain sobriety, attend all scheduled treatment sessions and refrain from criminal activity. Owing to the treatment nature of the program, noncompliance does not result in termination. However, to graduate from the program, the juvenile must complete all of his or her treatment goals and be in compliance with the program for a significant period. Graduation results in the dismissal of charges.

Target Population

Ages 11-19.

Program Description

Juveniles interact with the nonprofit agency Services to Overcome Drug Abuse among Teenagers (SODAT) at one of three levels of intensity, but all participants receive SODAT case management services. One group receives case management from SODAT but receives treatment services elsewhere. Another group receives SODAT case management along with educational programs, family counseling, job training and scholastic intervention. A third group receives SODAT case management with treatment groups, individual counseling and family counseling.

Evaluation Description

The evaluation employed a quasi-experimental design with nonequivalent comparison groups. The treatment group included the 154 juveniles who were admitted into the program in two Delaware counties. A matched comparison group was constructed for all 154 juveniles who had equivalent criminal histories and were arrested for misdemeanor drug possession in the jurisdiction before the drug court was implemented. The treatment group was compared with the control group at three, six, nine and 12 months after program exit.

Criminal history information for each juvenile was collected and verified using the Delaware Criminal Justice Information System. Other methods of data collection included participation in drug court team meetings, court observation, a snapshot of court appearance activity and discussions with various court and treatment personnel. Outcome measures used in the study included program completion and recidivism (any

new arrests). Program completion was measured using case files from the juvenile drug diversion program. Recidivism was measured using official records from the Delaware Criminal Justice Information System.

Findings

The evaluation showed recidivism rates that were consistently lower for drug court youths than comparison group youths at each follow-up. While in the drug court program, recidivism rates for the drug court group were 25.9 percent, compared with 36.4 percent for the comparison group. Six months after program completion, recidivism rates for the drug court group and control group were 24.2 and 32.2 percent, respectively. The evaluation also showed differences in recidivism rates between those who successfully completed the program and those who did not. At 12 months post-program, the recidivism rate for the group who had successfully completed the program was 35 percent, whereas the rate was 60 percent for the group that had not successfully completed the program and 50 percent for the comparison group.

As time passed, the differences were less sharp. Eighteen months after program completion, unsuccessful completers and control group had rates of 47.7 percent, 67.3 percent, and 60.5 percent respectively. Finally, the evaluation suggests a completion rate of 64.9 percent. Of the 401 youths admitted to the program by the start of the evaluation, 65 were still active, 218 had graduated, and 118 failed to complete the program.

Authors: Title and Publication Reference

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Program Name: The Michigan State Diversion Project

Program Purpose

The Michigan State Diversion Project is a behavioral treatment program for arrested juveniles that uses college students as the principal caseworkers. The program is based on three recurring themes in research and program experience with juvenile offenders: (1) youths respond better if treated outside the juvenile justice system, (2) a youth's community and family are the natural context for intervention, (3) service delivery by nonprofessionals may be both more effective and less costly than relying on credentialed professionals.

Target Population

Ages 10-18.

Program Description

The caseworkers, mainly juniors and seniors, are given eight weeks of training in behavioral intervention and advocacy followed by 18 weeks of intensive supervision. During the 18-week intervention the caseworkers spend six to eight hours per week with the juvenile in their home, school, and community.

Evaluation Description

The program was evaluated using an experimental design. Referred youths were randomly assigned to one of several treatment strategies. The action strategy (n=76) used behavioral contracting and child advocacy techniques to address the problem areas of the youth's life. The family focus strategy (n=24) was similar but concentrated wholly on working with the youth's family. The relational strategy (n=12) involved less emphasis on advocacy and behavioral contracting and greater emphasis on developing empathy and communication between the caseworker and the client. The court context strategy (n=12) offered a similar proactive approach but used a caseworker from the juvenile court to train and supervise the student workers instead of the psychology graduate students used as supervisors in the other strategies. Finally, some youths were assigned to a placebo strategy (n=29) in which workers received little training and simply offered recreational activities to their clients, while others were assigned to a control group (n=60) and participated in normal court processing. Clients averaged 1.5 petitions to court for a wide range of person and property offenses; nearly 60 percent, however, were charged with either larceny or breaking and entering. The sample had a mean age of 14.2, was 83 percent male, and 26 percent were from an ethnic minority. The student caseworkers had an average age of 20.4, and 16 percent were minorities.

Findings

The evaluation found that the active strategies that occurred outside the juvenile system (action and family focus), along with the relational strategy, tended to work better than those used for the placebo group. Moreover, the placebo group worked better than the control group and the court context group, but the court context group did worse than the control group. For example, 67 percent of the court context youth and 62 percent of the control group had one or more court petitions during the two years following the intervention, compared with 38 percent of the action group, 46 percent of the family focus group, and 33 percent of the relational group. The placebo group fell in the middle (52 percent).

Consequently, the evidence suggests that active, hands-on intervention of several kinds works better than normal court processing of juvenile offenders, but only if they were thoroughly separated from the system. The researchers note that these findings should be interpreted with caution because the samples were small, and no significant effects were found for measures of self-reported delinquency.

Authors: Title and Publication Reference

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Program Name: Aggression Replacement Training (ART)

Program Purpose

Aggression Replacement Training (ART) is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART is to improve social skill competence, anger control, and moral reasoning.

Target Population

Ages 12-17.

Program Description

The program incorporates three specific interventions: skill-streaming, anger-control training and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback and transfer training to teach pro-social skills. In anger-control training, participating youth must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

Services Provided

The program consists of a ten-week, 30-hour intervention administered to groups of eight to 12 juvenile offenders thrice weekly. The ten-week sequence is the "core" curriculum, though the ART curriculum has been offered in a variety of lengths. During these ten weeks, participating youths typically attend three one-hour sessions per week. One session each of skill-streaming, anger-control training and training in moral reasoning. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct antisocial thinking. The ART training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART has been implemented in school, delinquency, and mental health settings.

Evaluation Description

ART has been evaluated in numerous studies. In general, the studies were comprehensive and used acceptable evaluation designs, psychometrics and data analysis techniques. But many of the studies did not provide a demonstrated effect on violent behavior or on other conduct problems one year or longer beyond baseline.

One evaluation used a quasi-experimental design with nonequivalent comparison groups. The sample was collected from a New York State Division for Youth facility and included 60 youths, most of who had been incarcerated for crimes such as burglary, robbery and various drug offenses. Twenty-four of these youths received the ten-week ART program. Another 24 youths were assigned to a non-ART, brief-instructions control group. This condition controlled for the possibility that any apparent ART-derived gains in skill performance were not due to ART per se. Finally, 12 youths were placed in the no-treatment control group.

A second study was designed to both replicate the procedures and findings of the aforementioned study as well as extend them to youths incarcerated for substantially more serious felonies. The study sample included 51 youths who were incarcerated for murder, manslaughter, rape, sodomy, attempted murder, assault and robbery. In all of its procedural and experimental details, the second study replicated the effort of the first. The second study employed the same preparatory activities, materials, ART curriculum, testing, staff training, resident training, supervision and data analysis procedures.

A third evaluation was designed to examine the efficacy of ART as a community-based, post-release intervention. This study also employed a quasi-experimental design with a three-way comparison of ART. Condition 1 provided the ART program to youths and to youths' parents or other family members; Condition 2 provided the ART program to youths only; and Condition 3 provided neither parents nor youths with ART. For the most part, youth were assigned to project conditions on a random basis, with departures from randomization becoming necessary on occasion as a function of the five-city, multi-site, time-extended nature of the project.

A fourth study conducted by Washington State Institute for Public Policy used a pseudo-random assignment waitlist procedure to assign 1,229 adjudicated youths to either a control (n=525) or treatment group (n=704). Youths who met the selection criteria and had sufficient time on supervision to complete the program were assigned by court staff to the appropriate program. When the program reached capacity (all therapists had full caseloads or sessions were full), the remaining eligible youths were assigned by court staff to the control group and never participated in the program; instead, they received the usual juvenile court services. The sample was roughly 80 percent 15-year-old males. The analyses use multivariate statistical techniques to control for systemic differences between the program and control groups on key characteristics (gender, age, and domain risk and protective factor scores). Recidivism was measured by using conviction rates for subsequent juvenile or adult offenses. The follow-up "at risk" period for each youth is 18 months.

Findings

The findings from the first two studies reveal ART to be an effective intervention for incarcerated juvenile delinquents. It enhanced pro-social skill competency and overt pro-social behavior, reduced the level of rated impulsiveness, and in one of the two

samples studied, decreased (where possible) the frequency and intensity of acting-out behaviors and enhanced the participants' levels of moral reasoning.

The first study revealed that, compared with both control groups, youths who participated in the ART program significantly acquired and transferred four of the ten skill-streaming qualities: expressing a complaint, preparing for a stressful conversation, responding to anger and dealing with group pressure. Similarly significant ART-versus-control-group comparisons emerged for the number and intensity of in-facility acting out and for staff-rated impulsiveness. During the one-year follow-up, 54 youths were released from the facility. Of those released, 17 had received ART and 37 had not. In four of the six areas rated, namely: home and family, peer, legal, and overall, but not school and work-ART, youths were rated significantly superior at in-community functioning than were youths who had not received ART. Similar findings were reported in the second study.

In the third evaluation (the post-release community-based study), results indicated that, though they did not differ significantly from one another, the two ART groups each increased significantly in their overall interpersonal skill competence compared with the control youths. Perhaps more important, however, re-arrest rates were tracked during the three months in which youths in the two intervention groups received the ART program and during the three subsequent no-ART months. Meaningful differences in favor of the two intervention groups were found. Youths in both of the ART groups were rearrested less often than youths not receiving ART. And the ART youths-plus-family-members group did better than the ART youths-only group.

The Washington State study found that when ART is delivered competently, the program reduces felony recidivism and is cost effective. For the five courts rated as not competent, the adjusted 18-month felony recidivism rate is 27 percent compared with 25 percent for the control group. This difference is not statistically significant. However, for the 21 courts rated as either competent or highly competent, the 18-month felony recidivism rate is 19 percent. This is a 24 percent reduction in felony recidivism compared with the control group, which is statistically significant.

Other Findings

The cost-benefit analysis demonstrates that when ART is delivered by competent courts, it generates \$11.66 in benefits (avoided crime costs) for each \$1.00 spent on the program. When not competently delivered, ART costs the taxpayer \$3.10. Averaging these results for all youths receiving ART, regardless of court competence, results in a net savings of \$6.71 per \$1.00 of costs.

Authors: Title and Publication Reference

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Program Name: Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)

Program Purpose

Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) meets the comprehensive needs of children and adolescents with severe psychiatric disorders. The program makes use of a consistent treatment team to provide comprehensive assessments, case management, individual and family treatment, and crisis intervention. Intervention is achieved by a synthesis of the medical model, development psychopathology, systems theory, and wraparound concepts. The IICAPS program engages all family members in the creation of a strong working partnership between the child, the family, the school, and community. Multiple home visits per week and strength-based treatment help children learn to communicate, educate parents and connect families to ongoing supports in the community.

Target Population

Children and adolescents who are returning home from psychiatric hospitalization, at-risk for institutionalization or hospitalization, or unable to benefit from traditional outpatient treatment.

Program Description

IICAPS is an intensive program designed to address specific psychiatric disorders in a targeted child, while remediating problematic parenting practices and/or addressing other family challenges that effect the child and family's ability to function. Efforts are also made within the service to improve the child's educational programming and to ameliorate any environmental factors that may contribute to the child's psychosocial adversity. IICAPS teams are expected to spend a minimum of five hours per week working directly with children and their families and managing their care. Children receiving IICAPS services are likely to be recipients of concurrent services from other mental health providers. These providers are expected to work in collaboration with the IICAPS team during the IICAPS intervention. This program requires prior authorization and can only be provided by a treatment provider who is certified by Connecticut's Department of Children and Families as an IICAPS provider. Services can typically last up to six months.

Delivery Modes

IICAPS is delivered as a home-based set of services.

Program Name: Child Development-Community Policing Program (CD-CP)

Program Purpose

The Child Development-Community Policing (CD-CP) Program, which represents a collaborative effort between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine, was developed to address the negative psychological impact that exposure to violence has on children. CD-CP brings together police officers and mental health professionals for mutual training, consultation, and support so that they may effectively provide direct interdisciplinary intervention to children and families who are victims, witnesses, or perpetrators of violent crimes. The CD-CP program involves and aligns law enforcement, juvenile justice, domestic violence, medical and mental health professionals, child welfare, schools and other community agencies, and serves as a national model for police-mental health partnerships that is being replicated in several cities.

Target Population

Children and adolescents who are returning home from psychiatric hospitalization, at-risk for institutionalization or hospitalization, or unable to benefit from traditional outpatient treatment.

Program Description

The CD-CP Program is an innovative project that has brought together New Haven police officers and mental health professionals in a joint effort to address the psychological burdens on children and families imposed by their chronic exposure to urban violence. The project provides community-based officers with the clinical knowledge and support they need to assume expanded psychological roles in the lives of the children and families they serve, and provides clinicians with opportunities to affect the lives of children who previously would not have come to the attention of mental health services. Working together, both officers and clinicians are broadening their perspectives on the children and families they serve and are developing new strategies for the consulting room, the classroom and the streets for interrupting and minimizing the psychological effects of community violence.

Delivery Modes

CD-CP is delivered by integrating various agencies and entities in a localized, community-based model.

Evaluation Description

Program coordinators in New Haven recorded program data through the first three years of the program's existence.

Findings

During the first three years of operation, all 400 members of the police force were trained in the use of the CD-CP Consultation Service. The model program has provided training to more than 200 officers through the basic child development seminars. Twenty-two supervisory sergeants and lieutenants representing most geographic areas of the city, and the Assistant Chief of Police completed the Fellowship Program. These leaders within the police department remain permanent members of the Program Conference and are actively engaged in further development of the program and dissemination of the program's philosophy among their supervisees and fellow officers. Seven of these supervisors have joined with clinical faculty of the center to staff the Consultation Service.

The Consultation Service has responded to over 300 calls involving over 500 children. These calls have concerned children of all ages who have been involved in violent incidents as victims, witnesses or perpetrators, within their homes or in the larger community. Children have been seen individually and in groups, in their homes, in police stations, in the Child Study Center and in community centers. Clinical contact has been from within minutes of a violent event to several days after.

Other Findings

CD-CP mental health-police partnership has been replicated with funding from the United States Department of Justice in more than 16 communities nation-wide.

Authors: Title and Publication Reference

New Haven Public Schools. (1992). Report on the SAHA. Social Project Evaluation 1991-92: Final Report, pp. 179-196.

Name of Program: The Intensive Supervision Juvenile Probation Program (also known as the Peoria [Ill.] Antigang and Drug Abuse Unit)

Program Purpose

The Intensive Supervision Juvenile Probation Program (also known as the Peoria [Ill.] Antigang and Drug Abuse Unit) is a four-phase intensive supervision juvenile probation program that targets juvenile offenders placed on probation for known gang-related behavior or substance abuse offenses.

Target Population

Ages 12-18.

Program Description

All program participants have extensive criminal histories, or are at risk of incarceration or residential placement. The program addresses juvenile probationer treatment needs while controlling behaviors through surveillance and intensive supervision. It consists of many essential elements for probation, including small caseloads, distinct graduated phases to structure movement through the program, substance abuse assessments and behavioral controls, such as electronic monitoring, curfews, home confinement, and random drug testing.

Services Provided

- *Phase 1—Planning and Movement—* is designed to stabilize participants through intensive monitoring and movement control while allowing time to assess their treatment needs. During this phase, youths are assessed for substance abuse and mental health treatment needs.
- *Phase 2—Counseling, Treatment, and Programming—* occurs within one week of phase 1. Youths begin outpatient, intensive outpatient, residential substance abuse treatment, or some combination of these three. Intensive Supervision Juvenile Probation Program officers attend group sessions as frequently as possible. Youths are referred to aftercare following completion of a treatment program. Bridges, an antigang program, is also offered at this time.
- *Phase 3—Community Outreach—* requires the completion of a community service project or the youth must write a report describing his or her experience in treatment and present it to one of the aftercare groups.
- *Phase 4—Reassignment—* gradually reduces the frequency of contacts with the Intensive Supervision Juvenile Probation Program officers, to prepare youths for the transition to regular probation or probation

termination. Throughout the first three phases, program officers make frequent contacts with program participants and their families, schools and treatment providers. Parents are kept up to date with everything going on in their children's probation and are required to sign all case plans.

Evaluation Description

The program was evaluated with a posttest-only, quasi-experimental design with nonequivalent groups. The study compared the recidivism rates of program completers with non-completers. In June 2001, post-release data was collected for all participants who entered the program between its inception in October 1997 and November 30, 2000 (n=119). Recidivism was considered as the charges that were filed in the Circuit Clerk's Office from the date of program completion through June 2001. This data is limited; information was available only for arrests within Peoria County. Program success was determined by Intensive Supervision Juvenile Probation Program officers and was defined as satisfying all sentence conditions and serving the entire probation sentence length. Participants were mostly male (87.4 percent). The average age was 15.9, with a range of 12 to 18. Ethnically, 59.7 percent were African-American, 32.8 percent were white, and 7.5 were "other." No control group was used in this evaluation, which makes the results more descriptive than conclusive.

Findings

The evaluation found that nearly 60 percent of the participants for whom data is known did not commit another offense during the first year following program completion. Of participants who successfully completed the program, 63 percent were not arrested for a new offense, while 44 percent of those who were unsuccessful in the program were not arrested for a new offense. The factors that appeared to have the strongest correlation to successful program completion were regular school attendance, gender (if female), lack of mental health problems, an initial assessment of low risk and the extent of prior involvement in the juvenile justice system such as, age at program entry, number of prior offenses, and length of prior probation terms. The older a participant was at the time of first involvement in the criminal justice system, and the fewer prior offenses he or she had, the more likely the participant was to successfully complete the program.

Authors: Title and Publication Reference

Illinois Criminal Justice Information Authority. 2002. "The Impact of Intensive Juvenile Probation Programs." *On Good Authority* 6(1):1-5.

Wassenberg, Pinky, Laura Gransky Dorman, Lou Ann McGahey, Joy Syrcle, and Barry Bass. 2002. *An Impact Evaluation of Juvenile Probation Projects in Christian, Peoria, and Winnebago Counties*. Springfield, Illinois.: University of Illinois at Springfield, Center for Legal Studies.

Name of Program: Anchorage Youth Court (AYC)

Program Purpose

Anchorage Youth Court (AYC) was established in 1989 as a nonprofit organization and operates today in partnership with the Alaska Department of Health and Human Services' Division of Juvenile Justice. The youth court accepts 400 to 500 referrals a year from the juvenile court. The AYC generally handles first-time, minor property offenses and other misdemeanors, although it may accept some youths with prior arrests for minor offenses. Cases excluded from eligibility include serious drug and alcohol offenses as well as cases involving youths with gang affiliations, severe psychological and emotional issues, or prior violent offenses.

Target Population

Juvenile offenders.

Program Description

AYC uses a tribunal youth court model in which there are no jurors. Rather, the case is argued by youths volunteering as attorneys to youths volunteering as judges. Youths may volunteer for AYC beginning in seventh grade. Many begin their service as clerks and bailiffs and work their way up the ranks to attorneys and judges. All volunteers involved in the Anchorage Youth Bar Association (YBA) must complete an 8-week training course and pass a youth bar exam to gain admittance. Only YBA members may serve as attorneys or judges in the YBA. Finally, unlike most teen courts, defendants in the AYC have the option of pleading "not guilty." When a youth makes a "not guilty" plea, the youth court spends considerable time and resources to schedule and staff an adjudication hearing. The youth attorney can spend several days interviewing witnesses and investigating the facts of the case. The arresting officer and other witnesses may be called to testify.

Evaluation Description

AYC was part of the Evaluation of Teen Courts (ETC) project. The ETC project used a quasi-experimental design to evaluate the impact of four diverse teen courts in four different states. The ETC project identified teen courts suitable for evaluation based on several criteria, including (1) willingness to participate in an evaluation, (2) caseload size, (3) length of operation, (4) courtroom model and (5) geographical location. The evaluation tracked youth outcomes in four treatment groups (teen courts) and four nonequivalent (nonrandomized) comparison groups. The composition of the comparison groups varied from site to site. The AYC comparison group was constructed from electronic records of first-time offenders referred to the Alaska Division of Juvenile Justice in 1995, but who would have qualified for AYC in 2001. The program and comparison youths were matched on demographic characteristics and offense. The principal data sources included: (1) self-administered questionnaires completed by

youth and their parents, (2) teen court program files and administrative records, and (3) police and court records.

Findings

The findings of the ETC project suggest that teen courts are a promising alternative for the juvenile justice system. In AYC, the results indicate that youths referred to teen court were significantly less likely to be re-referred to the juvenile justice system for a new offense within 6 months of their initial offense. Only 6 percent of AYC youths recidivated, compared with 23 percent of the control-group youth.

Authors: Title and Publication Reference

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Program Name: The Bethlehem (Pennsylvania) Police Family Group Conferencing Project

Program Purpose

The Bethlehem (Pennsylvania) Police Family Group Conferencing Project is a restorative justice program designed to deal more effectively with young first-time offenders by diverting them from court and involving their extended families and victims in group conferences.

Target Population

Ages 5-18.

Program Description

The program is initiated when the police liaison officer reviews arrest records submitted by officers, pulls out cases that appear to be appropriate candidates and conducts a criminal history check to confirm eligibility. The police liaison officer then makes an initial contact with the offender and his or her parents to explain the family group conferencing (FGC) process and solicit their participation. If they agree tentatively to participate, the victim is then contacted, and the process is again explained and participation solicited. Only when both the offender and the victim tentatively agree to participate is the case assigned to one of the trained officers, who further explains the process to participants, coordinates a date/time for the conference, and convenes the conference. The cases deemed eligible for the program are property crimes such as retail and other thefts, criminal mischief and trespassing, and violent crimes including threats, harassment, disorderly conduct and simple assaults. Offenders who previously had been involved with the juvenile probation system were excluded from the study, as were felonies, drug/alcohol crimes, sex offenses, weapons offenses and cases in which there was no direct victim.

The FGC begins with a scripted protocol that explains the purpose of the conference and informs the offenders of their due process rights. The process then proceeds with the facilitator asking a series of open-ended questions of the offender, the victim, the victim's supporters, the offender's supporters and the arresting officer (if present). In the agreement phase, all of the participants, beginning with victims, talk about what they would like to see done to address the harm. Solutions are not imposed by the police facilitator, but result from the dynamic interaction of participants. When an agreement is reached, the conference is over. The facilitator can then provide refreshments and allow time for informal socializing while writing up the agreement for the participants to sign.

Evaluation Description

The evaluation used a randomized experimental design. All juveniles arrested by the Bethlehem Police Department (BPD) who fit the eligibility profile were selected for

participation in the study. A total of 140 property crime cases and 75 violent crime cases were selected for the experiment, with two thirds of each type randomly assigned to a conference (treatment group) and one third of each type assigned to formal adjudication (control group). If either party declined, or the offender did not admit responsibility for the offense, the case was processed through formal means. Those cases constituted a second treatment group (decline group). The 215 criminal incidents included in the study involved arrests of 292 juveniles and the victimization of 217 persons or properties: 85 individuals, 107 retail stores and 25 schools. The final group composition consisted of 103 in the control group, 80 in the treatment group, and 109 in the decline group.

Members of each treatment group were surveyed either by mail, in-person interviews or telephone interviews about two weeks after their cases were disposed. Data on recidivism and outcomes of control and decline group cases was obtained from (1) the BPD arrest database and (2) a database of records from the five district magistrates serving Bethlehem. In addition, an attitudinal and work environment survey was administered to the BPD twice, just before the conferencing program began (pre-test) and 18 months later (post-test).

Findings

The evaluation of the Bethlehem Family Group Conferencing Project determined that violent offenders in the treatment group were significantly less likely to be rearrested in a 12-month period than violent offenders in the other two groups. Researchers found that juveniles in the decline group had the highest re-arrest rates. There was no treatment effect for property offenders.

The researchers found that typical American police officers are capable of conducting conferences consistent with due process and restorative justice principles, given adequate training and supervision. While conferencing did not transform police attitudes, organizational culture, or role perceptions, those with the most exposure did move toward a more community-oriented, problem-solving deportment. This research also shows that police-facilitated restorative conferences can produce conflict-reducing outcomes that result in participant satisfaction and perceptions of fairness at least as high as other restorative justice programs and the courts. Victims, offenders and parents who participated accepted the police-based restorative justice.

Authors: Title and Publication Reference

McCold, Paul, and Benjamin Wachtel. 1998. Restorative Policing Experiment: Bethlehem Pennsylvania Police Family Conferencing Project. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Program Name: Broader Urban Involvement and Leadership Development Program (BUILD)

Program Purpose

In Chicago, Illinois, the BUILD (Broader Urban Involvement and Leadership Development) program combines several popular gang prevention strategies in an ambitious attempt to curb gang violence in some of the city's most depressed and crime-ridden neighborhoods. Founded on the principle that youths join gangs because they lack other, more constructive opportunities and outlets, BUILD tries to "reach out to young people and provide alternatives to increasing violence" by:

- deploying trained street workers, who seek to establish a rapport with gang-involved youth and serve as positive role models;
- organizing after school sports programs and other recreational activities for at-risk and gang-involved youths;
- designing and delivering violence prevention curricula in local schools;
- designing and delivering a violence prevention curriculum at the Cook County Juvenile Temporary Detention Center;
- providing career training, college counseling, and financial aid to students from low-income schools; and
- working with corporate sponsors, community leaders, parents and activists to coordinate local antiviolence initiatives and coalitions.

Target Population

Ages 10-17.

Program Description

Established in 1969 to address gang violence in Chicago's West Town community, BUILD has since expanded its activities to six other low-income, high-crime areas (Cabrini-Green, Humboldt Park, Logan Square, Ravenswood, Lakeview and Uptown). The program's violence prevention curriculum at the local detention center reaches both male and female youths from throughout Cook County. BUILD estimates its various activities to date have involved more than 77,000 youths from around the Chicago area.

Evaluation Description

In 1999 a team of researchers from Loyola University examined the impact of BUILD's detention center curriculum on detainees' recidivism rates. Their evaluation used a quasi-experimental design, comparing a random sample of 60 BUILD students with a matched random sample of 60 detainees who received no BUILD instruction. While some girls were included in the program, most participants were African-American males, ages ten to 17. Juveniles in both the treatment and control groups were released into the community after their stays and followed for one year to determine their rates of

recidivism and time to recidivism. The amount of time (or number of classroom days) BUILD participants were involved in the program was also tracked to determine whether length of stay affected recidivism patterns.

In the mid-1990s the Center for Latino Research at DePaul University also conducted an 18-month non-experimental process evaluation, assessing the implementation of all of BUILD's programs in two of its target communities: Cabrini–Green and Uptown. This evaluation collected service records and qualitative data from interviews with staff, clients, focus groups, site visits and monthly reports to form a subjective impression of how well BUILD staff were meeting their stated objectives of community resource development, prevention and remediation.

Findings

The Loyola study of BUILD's detention program found that BUILD youths had significantly lower recidivism rates than their counterparts from the control group. According to the study, only 33 percent of BUILD youths recidivated within one year, versus 57 percent of non-BUILD participants. BUILD participants who did recidivate also had a longer average time to recidivism than youths from the control group (9.6 months versus 7.6 months). Finally, the study found that BUILD students who recidivated spent significantly fewer days in the BUILD classroom (an average of 6.17) than non-recidivators (an average of 9.35 days).

The Center for Latino Research's process evaluation of BUILD found that the program was extremely well implemented. Overall, the team reported, "the program's objectives were accomplished and in many instances exceeded, [owing] to the efforts of BUILD's dedicated staff." BUILD's policy of hiring staff with strong connections to the local community (including former gang members) and its strong emphasis on staff development, were repeatedly identified as critical factors in the program's success.

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Program Name: The Family Integrated Transitions (FIT) program

Program Purpose

The Family Integrated Transitions (FIT) program provides integrated individual and family services to juvenile offenders who have mental health and chemical dependency disorders during their transition from incarceration back into the community. The goals of the FIT program include lowering the risk of recidivism, connecting the family with appropriate community supports, achieving youth abstinence from alcohol and other drugs, improving the mental health of the youth and increasing pro-social behavior.

Target Population

Ages 10-17.

Program Description

FIT is based on components of three programs: Multi-Systemic therapy (MST), Dialectical Behavior Therapy (DBT) and Motivational Enhancement Therapy (MET). The overarching framework of FIT is derived from MST, a preservation model for community-based treatment. This treatment component uses therapists to coach caregivers in establishing productive partnerships with schools, community supports, parole, and other systems and help caregivers develop skills to be effective advocates for those in their care. While the MST component concentrates on the extent to which environments around the youth support pro-social behavior, FIT incorporates elements of DBT to address individual-level characteristics by replacing maladaptive emotional and behavioral responses with more effective and skillful responses. Finally, FIT uses aspects of MET to engage youths in treatment, with the objective of increasing their commitment to change. FIT therapists use MET techniques to develop the initial engagement of all parties and to maintain the commitment throughout the treatment.

The FIT program begins in a youth's final two months in a Juvenile Rehabilitation Administration (JRA) facility and continues for four to six months during parole supervision. The FIT team consists of contracted therapists, including children's mental health specialists and chemical dependency professionals. The FIT team serves four to six families at any given time. Services are available 24 hours a day, seven days a week. JRA is responsible for identifying eligible youths and works closely with the therapists and FIT families. To be eligible for the youth program, a youth must be under 17½ and in a JRA institution and scheduled to be released to four or more months of parole, reside in one of four designated Washington State counties (King, Kitsap, Pierce, or Snohomish), have a substance abuse or dependence disorder and any of the following: any Axis 1 disorder, a currently prescribed psychotropic medication, or demonstrated suicidal behavior within the last three months.

Evaluation Description

This evaluation used a quasi-experimental design. The sample included 104 youths who participated in FIT and served as the treatment group. The control group included 169 FIT-eligible youths who did not participate in FIT because they returned to counties where the project was unavailable; this group received usual JRA parole services. Since the study did not use random assignment, logistic regression was used to determine any significant differences between groups. There were no significant differences for gender, age at release, Native American ethnicity, age at first prior conviction, prior drug convictions, criminal history, or prior person (violent) convictions. However, there were significant differences on four variables: ISCA risk assessment scores, African-American ethnicity, Hispanic ethnicity and the degree to which a county was either urban or rural. The ISCA is JRA's tool that measures an offender's overall risk for re-offense. Treatment group participants were more likely to be African-American and less likely to be Hispanic. This was expected because the counties that were eligible for the FIT program were more urban, more and ethnically black and less Hispanic than the non-FIT counties. This evaluation compared the recidivism rates of both the treatment and control groups to determine program effects.

Findings

The evaluation found that the FIT program has a statistically significant effect on the felony recidivism rate. At 18 months post-release, the felony recidivism was 34 percent less for FIT youth (27 percent) than for the comparison group (41 percent). However, there was no significant effect on the total recidivism rate (including felony or misdemeanor reconstructions), though the results are in the direction of lowering this rate. There was also no significant effect on the violent felony recidivism rate (which is usually a relatively rare event in the 18-month follow-up period), though the results are in the direction of lowering this rate as well.

Cost-Benefit Findings

Service cost is \$8,968 per offender in the program. A cost-benefit analysis of the FIT program indicated that for every \$1.00 spent on FIT, \$3.15 is saved in criminal justice expenses and avoided criminal victimization (or \$16,466 per FIT youth).

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Program Name: Father Flanagan's Girls and Boys Town—Residential Program

Program Purpose

Girls and Boys Town (GBT) is a family-style residential group home program for delinquent youths. Founded in 1917 by Father Edward Flanagan to help about a half dozen troubled boys, the residential program still operates at the original site located on 900 acres in West Omaha, Nebraska, and has expanded to several other sites across the country. Today there are more than a hundred long-term, residential-care homes for troubled youths, featuring family-style living in the least restrictive environment.

Target Population

Ages 10-18.

Program Description

GBT applies a behavioral treatment model that emphasizes positive relationships, skill teaching and self-control. The program is delivered through the Family Home Program, in which a married couple, trained to teach youths how to build positive relationships with others, lives with six to eight youths in a large domestic home. These couples are trained to use every opportunity to reinforce appropriate behavior and apply consequences to inappropriate behavior. The curriculum teaches specific social skills to develop thinking, feeling and choice making needed to provide appropriate replacements for the inappropriate ways that the youths have learned to deal with difficult and stressful situations. Children stay in a residential home on average of 18 months.

The Family Home Program Teaching—Family Model, a modification of the Teaching Family Model, has five major elements:

- 1) *Teaching skills.* Youths are taught positive social skills within the program through the use of a cognitive behavioral approach that rewards positive behavior, imposes consequences for negative behavior and teaches alternatives to negative behavior.
- 2) *Building healthy relationships.* Staff interact with the boys and girls with warmth, compassion and genuine positive regard to develop relationships that are non-exploitive, and that preserve personal dignity and a healthy sense of interpersonal boundaries.
- 3) *Supporting moral and spiritual development.* Staff foster spiritual growth to help youths grapple with the moral decisions they must make every day regarding friendships, families, sex and their own self-worth.

- 4) *Creating a family-style environment.* A positive and healthy family unit is emphasized because families are an important part of a child's composition and are considered critical to treatment success.
- 5) *Promoting self-government and self-determination.* Youths are empowered to make responsible and meaningful decisions about their lives, with the guidance and teaching of well-trained and caring staff.

In addition to making the treatment environment like a family, GBT organizes the entire ecology of the child through positive peer, school and neighborhood support systems. This approach to behavioral treatment helps support and reinforces the child's positive behaviors, lessens factors that put children at risk and increases the factors in their life that will protect them.

Finally, more traditional treatments such as psychotropic mediations, 12-step sobriety groups and sessions with a clinical psychologist, are available to supplement everyday treatment. These adjunct treatments are used on a case-specific basis because many youths progress with the Family Home Program treatment alone.

Evaluation Description

The effectiveness of GBT has been evaluated in many studies. The most recent one used a single-group, quasi-experimental design, to examine 440 youths who were discharged from GBT from October 1998 through September 2000, after staying at least 31 days. The youths included in the sample were 38 percent female and 60 percent white, 20 percent African-American, ten percent Hispanic, three percent Native American, and six percent multiethnic. Age at admission ranged from 8.6 to 18.6 (mean=14.9). Youths' length of stay ranged from 31 days to 9.7 years (mean=1.8 years; median=1.5 years). Measures included the Child Behavior Check List (CBCL), the Restrictiveness of Living Environments Scale and the Diagnostic Interview Schedule for Children (DISC).

Findings

The evaluation results indicate that GBT produces positive benefits for both boys and girls. Overall the outcome measures indicate that most youths improved from intake to discharge and were functioning at levels similar to national norms three months after discharge. The average CBCL scores improved from clinical or borderline range at intake to normal levels at discharge. The portion of youths with diagnosable psychiatric disorders decreased from more than 60 percent at intake to fewer than 25 percent 12 months later. Girls improved as much as boys on both DISC diagnoses and CBCL scores. Girls improved more than boys in perceived success at discharge and in the restrictiveness of their subsequent living situation, which were the only areas of differential improvement by gender. Finally, GBT discharged 80 percent of youths to either their family's home or independent living.

Authors: Title and Publication Reference

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Program Name: Motivational Interviewing Technique for Probation Officers

Program Purpose

Research consistently indicates that the more practitioners confront or aggressively attempt to persuade clients, the worse the outcomes became. There is a large body of research showing that judgmental, sarcastic and punitive interactions are positively correlated with defensiveness, non-compliance and failure. Variations in effectiveness among therapists with specific treatment approaches indicate that the therapist style appears to be as important as the approach they are using. Therapist style influences client motivation and outcomes. These include empathy, genuineness and warmth. These attributes of active listening have been reliably used and researched for over forty years.

Program Description

Motivational Interviewing (MI) integrates a complex set of clinical skills and strategies based on the principles of autonomy, collaboration and evocation. MI is not just a set of techniques or skills that one does to someone; it is a way of being with people based on the belief that people have the capacity to change in a collaborative effort that supports their autonomy and evokes change. MI uses the skills of active listening to engage the offender in the change process and offers an alternative to direct persuasion. Motivation emerges from the interpersonal interaction between the client and practitioner. Motivational Interviewing offers skills to help the client explore and work with the ambivalence about change.

Services Provided

The program begins with efficiently assessing the actual risk level of each offender, along with their particular intervention target features (i.e., their criminogenic needs). An effective assessment helps identify who should receive treatment, what should be treated and how treatment should be delivered. The risk principle states that the level of services must be matched to the level of risk; the higher the risk, the greater the level of services provided. Criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism.

Factors such as cognitive ability, learning styles, stage of motivation for change, gender, ethnicity, developmental stage, beliefs and personal temperament can influence the offender's responsiveness to treatment. Providing appropriate responses to the offender involves providing services in accordance with such factors.

The offender's level of risk, prioritized criminogenic needs and level of motivation in the related need areas determine which interventions are to be assigned. Research indicates that regardless of what behavior is chosen for change in the pro-social direction (e.g., grade advancement, greater reductions in recidivism) the more internally (as opposed to externally) motivated the individual will be and the better the outcome.

In relationship to the offender's criminogenic needs, the skills that are taught are cognitive in nature (e.g., problem solving, goal setting, emotional regulations). After the skill is presented and demonstrated, the participants practice or role-play the skills and receive immediate feedback. By reinforcing positive change, new behaviors or skills are acquired; an essential component of effective programming. Behaviorists recommend applying a much higher ratio of rewards or positive reinforcements, than negative reinforcements or punishments, in order to better achieve sustained change.

Providing on-going support assists the offender in re-orienting to his or her local community and neighborhoods where ultimately they must obtain "natural" reinforcement for their new pro-social behaviors and attitudes. This is a process of encouraging, referring, and networking to increase the offender's positive linkages to their local communities (e.g., home, work, school, family).

Evaluation Description

Gendreau, P., & Andrews, D.A., (1990) used meta-analytic techniques to determine which predictor domains and actuarial assessment instruments were the best predictors of adult offender recidivism. One hundred and thirty-one studies produced 1,141 correlations with recidivism. The strongest predictor domains were criminogenic needs, criminal history/history of antisocial behavior, social achievement, age/gender/race and family factors. Less robust predictors included intellectual functioning, personal distress factors and socioeconomic status in the family of origin. Dynamic predictor domains performed at least as well as the static domains.

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PROGRAMS DESIGNED FOR HIGH RISK POPULATION

Program Name: Project Toward No Drug Abuse

Program Purpose

Project Toward No Drug Abuse (TND) is an interactive program designed to help high school youths resist substance use.

Target Population

Ages 14-19.

Program Description

This school-based program consists of twelve, 40 to 50 minute lessons that include motivational activities, social skills training, and decision-making components that are delivered through group discussions, games, role-playing exercises, videos, and student worksheets over a four-week period.

Services Provided

The program was originally designed for high-risk youth in continuation, or alternative, high schools and consisted of nine lessons developed using a motivation-skills–decision-making model. The instruction to students provides cognitive motivation enhancement activities to not use drugs, detailed information about the social and health consequences of drug use and correction of cognitive misperceptions. It addresses topics such as active listening skills, effective communication skills, stress management, coping skills, tobacco cessation techniques and self-control, all to counteract risk factors for drug abuse relevant to older teens. The program can be used in a self-instruction format, or run by a health educator.

Evaluation Description

Twenty-one continuation high schools in Southern California were blocked according to risk factors, then randomly assigned to one of three experimental conditions: a nine-lesson TND classroom component only, a nine-lesson TND classroom plus community events, and standard care. Of the 2,863 students at the schools, 1,318 students agreed to participate and completed a pretest and posttest on program process measures. One year later, 67 percent of the sample was reassessed on drug use. There were no statistically significant differences on any assessment variables between those students who remained in the study at one year and those that did not. The final sample was 62 percent male, 46 percent Latino, 37 percent white, eight percent African-American, four percent Asian-American, three percent Native American, and two percent other or mixed ethnicities. The students' ages ranged from 14 to 19, with a mean age of 16.7.

Using the same sample, researchers assessed the risk for violence among the three groups. Data was analyzed on 850 students who answered all the questions regarding perpetration, victimization, and weapons-carrying at baseline and at the one-year follow-up. The sample was 55 percent male, 49 percent Latino, 34 percent white, nine percent African-American, four percent Asian-American, three percent Native American, and one percent other or mixed ethnicities.

The nine-lesson TND program was evaluated again to determine whether the program could be generalized to mainstream high school students. Researchers used 1,208 students enrolled in three public high schools in the Los Angeles, California area. The sample was 47 percent male, 38 percent Latino, 34 percent white, 26 percent African-American, and two percent other, ages 14 to 17. Science classes within each school were randomly assigned to the control condition (n=13) or the TND classroom education program (n=13). Data on drug use was collected before the program began and 13 months later for a one-year follow-up. The final sample size used for analysis was 679.

The most comprehensive evaluation to date assessed 1,037 students for two years at continuation high schools in California. Eighteen high schools were blocked and randomly assigned to condition standard care, 12-lesson TND self-instruction or 12-lesson TND led by a health educator. The sample was 54 percent male, 45 percent white, 42 percent Latino, seven percent Asian-American, five percent African-American, and one percent "other." Of the 1,037 that completed the pretest survey, 575 (55 percent) participated in the two-year follow-up. Data was collected on current drug use.

Findings

Results show that in both continuation and mainstream high schools, TND led to significant reductions in hard drug and alcohol use. The original evaluation of continuation high school students revealed that those who received the intervention showed roughly half the monthly drug use frequency at follow-up as those in the control condition. It was also found that adding a community component did not increase the benefits of the TND program. The evaluation conducted on mainstream high school students also showed a significant reduction in hard drug and alcohol use among intervention students at the one-year follow-up. When looking at the perpetration of violence in continuation high school youth at the one-year follow-up, males in the treatment groups had a significantly lower risk of victimization than the control group. They were also less likely to carry weapons. There was no difference between the groups as far as violence perpetration. There were no differences in any of these categories for females in the sample.

The evaluation testing two TND delivery modes against a standard care condition showed that the health educator-led program succeeded in significantly lowering the probability of 30-day tobacco use and hard drug use at the two-year follow-up. This particular TND program was also significantly effective at reducing marijuana use among male nonusers at pretest. The self-instruction program did not result in any significant differences when compared with the control group.

Cost-Benefit Findings

Total service cost is \$2,620. Of this figure, a Teacher's Manual costs \$70 and student workbooks cost \$50 for a set of five. There are optional materials, described under "Funding and Program Costs," which can also be purchased. A two-day training, which includes the trainer's fee and travel, is \$2,500.

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Program Name: Wraparound Milwaukee

Program Purpose

Wraparound Milwaukee is a system of care for children with serious emotional, behavioral, and mental health needs, and for their families. Its approach emphasizes developing services and delivering them to families who are strength based, highly individualized, and community oriented. Managed through the Child and Adolescent Services Branch of the Milwaukee County Mental Health Division in Wisconsin, Wraparound Milwaukee attempts to meet the mental health, substance abuse, social service and other supportive needs of the most complex youths in the Milwaukee community.

Target Population

Ages 13-17.

Program Description

This wraparound approach is based on an identification of the services families really need to care for a child with special needs. It identifies the personal, community, and professional resources to meet those needs, and it wraps those services around the child and family. Youths are referred to the program by probation officers or child welfare workers. The program targets children who:

- have a current mental health problem identified through an assessment tool;
- are involved in two or more service systems including mental health, child welfare, or juvenile justice;
- have been identified for out-of-home placements in a residential treatment center; and
- could be returned sooner from such a facility with the availability of a wraparound plan and services.

Services Provided

If Wraparound Milwaukee determines that enrollment is appropriate, the youths are court-ordered through the dispositional process or delinquency orders. The components include care coordination, a child and family team (CFT), a mobile crisis team and a provider network.

The care coordinators are the cornerstones of the system. They perform: strength-based assessments, assemble the CFT, conduct plan-of-care meetings, help determine needs and resources with the youth and family, assist the team in identifying services to meet those needs, arrange for community agencies to provide specific services and monitor the implementation of the case plan.

The CFT is a system of support that includes the family's natural supports (such as relatives, church members and friends) and systems people (including probation or child welfare workers). The mobile crisis is a 24-hour crisis intervention service that is available to meet the needs of youths and families when a care coordinator is unavailable. The team consists of psychologists and social workers trained in intervening in family crisis situations that might otherwise result in the removal of youths from their homes, schools or communities. Youths participating in Wraparound Milwaukee are automatically enrolled in this crisis service and their care plans include a crisis safety plan that the team can immediately access.

Staff/Client Ratio

Care coordinators in Wraparound Milwaukee typically work with small caseloads (a ratio of one worker to eight families).

Evaluation Description

The Wraparound Milwaukee evaluation used a one-group, pretest–posttest design. The Child and Adolescent Treatment Center collected data for the three years immediately before youths' enrollment in the project and the three years following enrollment. The center reviewed court records for delinquent youths enrolled in Wraparound. The center also administered clinical measures including the Family Quality Improvement Questionnaires, the Child Behavior Checklist, the Youth Self-Report, and the Child and Adolescent Functional Assessment Scale to assess youth progress and family satisfaction at intake, six months, one year, two years and disenrollment.

Findings

The evaluation demonstrated significant improvements for delinquent youths. An assessment of pretest and posttest scores reveals that youths involved with wraparound services significantly improved functioning at home, at school and in the community. In addition, the evaluation demonstrated a significant reduction in recidivism rates. In the three years preceding discharge from the program, 56 percent of the participants were referred for felonies, compared with 33 percent of the participants during the three years following discharge. Similarly, in the three years prior to discharge from the program, 79 percent of the participants were referred for misdemeanors, compared with 43 percent of the participants during the following three years. The reduction was consistent for many types of offenses, (one year following enrollment) including sex offenses (14 percent to two percent), property offenses (42 percent to 15 percent), assault offenses (20 percent to five percent) and weapons offenses (11 percent to three percent).

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Program Name: Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)

Program Purpose

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a treatment approach designed to help children and adolescents who have suffered sexual abuse to overcome Post-Traumatic Stress Disorder (PTSD), depression, and other behavioral and emotional difficulties.

Target Population

Ages 3-18, who have experienced sexual abuse and are exhibiting posttraumatic stress, depression, and other abuse-related difficulties (age-inappropriate sexual behaviors, problematic fears, social isolation).

Program Description

The CBT-CSA program helps children to (1) learn about healthy sexuality; (2) therapeutically process traumatic memories; (3) overcome problematic thoughts, feelings, and behaviors; and (4) develop effective coping and body safety skills. The program emphasizes the support and involvement of non-offending parents and primary caretakers, and it encourages effective parent-child communication. CBT-CSA treatment utilizes cognitive behavioral methods to assist children in talking about their experiencing and coping with their feelings and concerns, and helps parents manage their own distress and respond effectively to their children's behavioral difficulties. Treatment components include education about child sexual abuse and healthy sexuality, coping skills training, gradual exposure and processing of traumatic memories or reminders, and personal body safety skills training.

Delivery Modes

The CBT-CSA approach can be delivered in all clinical and community-based mental health settings, and in both individual therapy and group therapy formats. Specifically, the treatment approach can be implemented in 12 sessions and has been applied to both individual and group therapy formats. Whenever possible, non-offending parents or caretakers are encouraged to participate in the program along with the child. The program can be implemented in private and public clinics and has demonstrated success with African American, Hispanic/Latino, and white children from all socioeconomic backgrounds.

Evaluation Description

An evaluation of the CBT-CSA approach used two pre–post design studies that were published as initial pilot data to support further study of the model as well as six randomized controlled trials that compared CBT–CSA with nondirective supportive counseling, community-treatment approaches, client-centered treatment, and waiting-list control conditions. The approach has been evaluated for its effectiveness in both individual and group formats. In response to CBT-CSA treatment, the study’s follow-ups have demonstrated that youths have achieved and maintained significant improvements over one-year and two-year periods.

Findings

Children who participated in CBT-CSA with their non-offending parents demonstrated greater improvements with respect to PTSD, depression, and acting out behaviors as compared to children assigned to the community control condition. As compared to parents who participated in a support group, parents who participated in a CBT-CSA group showed greater improvement with respect to emotional distress and intrusive thoughts related to their children's sexual abuse.

Exact outcomes for the treatment group included a 63 percent reduction in children’s PTSD symptoms, 41 percent reduction in children’s levels of depression, and 23 percent reduction in children’s acting-out difficulties. Furthermore, CBT-CSA treatment participation led to a 26 percent reduction in parents’ emotional distress related to the abuse, 45 percent reduction on parents’ intrusive thoughts regarding the abuse, and 45 percent improvement in body safety skills for young children.

Other Findings

Program implementation includes half-day or full-day introductory workshops to introduce skilled mental health professionals to the program’s approach, two to four-day seminars which offer more intensive training to direct service providers or supervisors, and ongoing professional consultation and feedback. A detailed description of CBT-CSA is offered by Esther Deblinger, Ph.D., and Anne Heflin, Ph.D., in the book *Treating Sexually Abused Children and Their Non-offending Parents: A Cognitive Behavioral Approach*.

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Program Name: Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Program Purpose

Trauma Focused Cognitive Behavior Therapy (TF-CBT) is a treatment intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as sexual or physical abuse; loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. The program was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies in order to focus on enhancing children's interpersonal trust and re-empowerment.

Target Population

Ages 3-18, who suffer from symptoms of Post-traumatic Stress Disorder (PTSD), which often co-occurs with depression and acting-out behaviors. The children and adolescents' parents participate as well.

Program Description

Traumatized children can develop extreme fear of anything that reminds them of a specific traumatic event. This existing fear can lead to avoidance of traumatic reminders and extreme emotional and physiological guardedness. Whether or not traumatized children have PTSD, these symptoms can still significantly interfere with their ability to function and develop optimally. TF-CBT treatment helps children talk directly about their traumatic experiences in a supportive environment where they can become less fearful, less avoidant, and more able to tolerate trauma-related thoughts and feelings. This treatment model also teaches children how to examine their thoughts, feelings and behaviors, and how they might change these in order to feel better. The approach also provides children with tools such as relaxation and deep breathing techniques, problem solving, and safety education to help them manage stressful situations in the future.

A parental treatment component is an important element of TF-CBT. As part of the treatment method, parents are assisted in exploring their own thoughts and feelings about the child's experience and resolving their own personal trauma-related distress. Parents also learn effective parenting skills and how to better provide support to their children. Several joint child-parent sessions are included in the TF-CBT intervention, during which the child is encouraged to discuss the traumatic experience openly and directly with the parent, and both parent and child improve their abilities to communicate questions, concerns, and feelings more openly.

Delivery Modes

TF-CBT is delivered by trained mental health professionals in individual, family, and group sessions in outpatient settings. This intervention is typically provided in outpatient mental health facilities but has been used in hospital, group home, school,

community, and in-home settings. Delivery time ranges anywhere from five to 54 weeks in order to achieve outcomes. Treatment model consists of approximately 12 to 16 sessions for children and parents, three of which are joint sessions, and each session typically lasts 60 to 90 minutes—30 to 45 minutes each with child and parent—and typically and provided on a weekly basis.

Evaluation Description

Evaluation of the TF-CBT model has included both open treatment studies, which evaluated pre-treatment to post-treatment improvement, and randomized controlled trials where children were randomly assigned to receive either TF-CBT or non-directive play therapy—where the child or parent is empowered to direct the treatment process and content for children ages three to 7—or supportive therapy for children eight to 14 years old.

Findings

Randomized controlled trials found that, compared to children who experienced the supportive individual therapy, children who received TF-CBT experienced significantly less acting-out behavior, reduced PTSD symptoms, improvement in depressive symptoms, greater improvement in social competence, and maintained these differential improvements over the year after treatment ended

Cost-Benefit Findings

The program's developer provides a cost estimate of \$1,000 to \$5,000 depending on variables. Variables consist on the number of trainers being trained and resources, but the developer does not anticipate any long-term additional costs after the program's implementation.

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Program Name: The Adolescent Transitions Program (ATP)

Program Purpose

The Adolescent Transitions Program (ATP) is a multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use.

Target Population

Ages 11-18.

Program Description

The Adolescent Transitions Program (ATP) is designed to improve parental management skills and develop adolescents' goal and limit-setting skills, peer supports and problem-solving abilities. Three different variations of the program (teen focus, parent focus, and teen and parent focus) have been credited with improving youth engagement in family problem-solving sessions.

The parent-focused curriculum concentrates on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem-solving and active listening. Strategies targeting parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. The curriculum for teens takes a social learning approach to behavior change and concentrates on setting realistic goals for behavior change, defining reasonable steps toward goal achievement, developing and providing peer support for pro-social and abstinent behavior, setting limits and learning problem-solving.

The long-term goals of the program are to arrest the development of teen antisocial behaviors and drug experimentation. Intermediate goals are to improve parents' family management and communication skills. To accomplish these goals, the intervention uses a "tiered" strategy with each level (universal, selective and indicated) building on the previous level. The universal level is directed to the parents of all students in a school. Program goals at this level include engaging parents, establishing norms for parenting practices, and disseminating information about risks for problem behavior and substance use. At the selective level of intervention, the Family Check-Up, assessment, and support are provided to identify those families at risk for problem behavior and substance use. At the indicated level, direct professional support is provided to parents based on the results of the Family Check-Up through services including behavioral family therapy, parenting groups or case management services.

Program activities are led by group leaders and include parent group meetings, individual family meetings and teen group sessions, as well as monthly booster sessions for at least three months following completion of the group. Meetings and sessions may include discussion and practice of a targeted skill, group exercises (either

oral or written, depending on group needs), role-plays and setting up home practice activities. Many of the skill-building exercises include activities that parents and children do together. Each curriculum also has six accompanying videotapes that demonstrate the program's targeted skills and behaviors.

Delivery Modes

Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children.

Evaluation Description

Researchers conducted a two-year randomized clinical trial to assess the effectiveness of the parent and teen interventions, both as individual interventions and together. Group leaders were mental health professionals. Participating families were self-referred through recruitment advertisements and screened for risk factors (closeness to parents, emotional adjustment, academic engagement, involvement in positive activities, experience seeking, problem behaviors, stressful life events, and child, peer and family substance use). Those with four or more risk factors were eligible and randomly assigned to one of four groups: parent focus only, teen focus only, both parent and teen focus, and self-directed change (using program videos only).

Cohort Analysis

Random assignment was accomplished using cluster sampling to pre-establish the order of assignment. After assignment, the sample included four cohorts of about 30 families each. Boys and girls were assigned separately to ensure equal gender distribution. The sample was composed of 158 families, including 83 boys and 75 girls. The children ranged in age from ten to 14 and were in grades six, seven and eight. The sample was 95 percent European-American. A group of 39 families (22 girls, 17 boys) was also recruited as the control group.

Assessments of family interaction, family conflict, behavior problems and substance use were done at baseline, program termination and one year following termination. Family interaction was assessed using videotapes of parent-child interaction during problem-solving tasks. The interactions were coded and analyzed using the Family Process Code. Internal family conflict and external family stressors were measured using the Family Events Checklist. For behavior problems, the Child Behavior Checklist was used to assess changes in youth behavior through the intervention. Finally, all youths were asked to report on the frequency of their tobacco or other drug use in the past three months. In addition, expired-air carbon monoxide levels were assessed to corroborate self-reported smoking behavior.

Parent-Focused Study

The most recent evaluation was a four-year randomized trial of the parent-focused ATP component with eight small community samples in Oregon. In contrast to the prior evaluation, the group leaders in this trial were not professional mental health workers. Subjects were students referred by schools or service agencies based on teacher or social service agency staff assessments using the Teacher Risk Screening Instrument. The parents of students whose assessments revealed three or more risk factors were contacted and invited to participate in the parenting program. Interested families were randomly assigned to the immediate treatment intervention group or a waitlist control that would receive classes three months after the immediate treatment group finished the program. The sample consisted of 303 families, with 151 in the immediate treatment group and 152 assigned to control. The target children were 61 percent male and 39 percent female. The average age of the target children was 12.2 years, and 87.5 percent of the subjects were white. There were no significant differences in demographic characteristics of the immediate treatment and waitlist groups.

Intervention group participants were assessed using measures of parent behavior, parental feelings about the child, parental depression and children's behavior at baseline, both after the completion of the final session and six months following the final session. The Parent Report of Problematic Interactions was used to assess coercive elements in parent-child interactions. Parents' reports of their reactions to their child were assessed using the Parenting Scale, Adolescent Version. In addition, the Taped Situations Test was used to measure parents' ability to handle common parenting situations in positive, effective ways. Parents' feelings about their children were measured using the Inventory of Family Feelings. The instrument used to assess parental depression was the Beck Depression Inventory. Finally, the extent to which the child exhibited problematic behavior was assessed through the Parental Daily Reports and the Child Behavior Checklist.

Findings

- 1) Analysis of the data from the two-year study found significant improvements in family interactions. Parents and children in the intervention groups showed reductions in negative engagement in family interactions. This effect was the same for the combined parent-teen intervention as it was for either intervention condition alone. In addition, the results of latent growth curve modeling analyses indicated that children's externalizing behavior was significantly reduced after their parents participated in ATP. The researchers conducted additional analyses on a subset of "high attending" families and found that for parents who received four or more sessions of ATP there was a clear and moderate-sized effect of treatment on parent-reported externalizing behavior.
- 2) Researchers in the four-year study used growth curve modeling to identify intervention effects, compare treatment and control groups and track

changes in these groups over time. This analysis revealed several promising effects of the intervention. For example, parents in both treatment and waitlist groups showed significant improvements in positive problem-solving with their teens attributable to treatment and maintained this at future assessment points. In addition, parents in both groups had improved feelings toward their children and were less likely to react negatively to their children's behavior and less likely to take a "lax" approach to their children after participating in the program. Both groups also showed improvements in the skill areas of tracking and reinforcing behavior, setting expectations and defining problems, and remaining calm in stressful situations. Child behavior also showed improvement as a result of participation in the program. Antisocial behaviors decreased significantly, measures of child adjustment showed improvement and total problem behavior decreased.

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Program Name: Transitioning to Independence Process (TIP) Model

Program Purpose

The transition from adolescence to adulthood is composed of various physical, mental, and psychosocial changes. This period is especially challenging for those youth and young adults with emotional/behavioral disturbances (EBD). The Transition to Independence Process (TIP) system is a model intervention, designed to prepare and facilitate youth and young adults with emotional/behavioral disturbances (EBD) in their transition into adulthood roles through a person-centered, developmentally-appropriate process. The Steps-to-Success program, which is based on the TIP system, serves students with EBD who attend the Robert Morgan Vocational Technical School (a secondary school of the Miami-Dade Public School District).

Target Population

Transition-age Youth (ages 14-25).

Program Description

The Steps-to-Success program involves several major components: 1. community/vocationally oriented academic curriculum and employability training; 2. progressive inclusion of the students into vocational/technical educational courses based on their interest; 3. paid and unpaid practicum work experience for applying employability skills and exploring various work and career options; 4. supports and services tailored to enable students to succeed in the school and work experience endeavors (e.g., tutorial services, co-worker mentors at work sites); and 5. individual and group therapeutic and counseling services (e.g., student and family counseling, group art therapy, social skills development).

Evaluation Description

This Merged Data Analysis (MDA) research project is being conducted by Faculty at the Florida Mental Health Institute within the University of South Florida (FMHI/USF) and in collaboration with leadership evaluation personnel at the Florida Departments of Education, Children and Families, Juvenile Justice, and other agencies. This research is being funded by FMHI/USF and through a grant awarded to FMHI/USF from the Florida Department of Education

This study involved an evaluation of post-secondary outcomes of exiting program participants from the Steps-to-Success program and compared them with outcomes for: 1) other young adults who were previously classified as EBD and who had services as usual; and 2) young adults with no previous classifications in Dade County in the same year. These analyses were conducted using existing state and national datasets. This study highlights the fact that the Steps-to-Success program resulted in statistically

significant better post-secondary outcomes for young adults with EBD, in contrast to a comparable group of young adults who had not received specialized transition services in this same geographical area.

Findings

This study highlights the fact that this particular TIP program resulted in improved post-secondary outcomes for young people with emotional/behavioral disturbances (EBD) in Florida's Dade County. The improved outcomes were evident across all measures, with most of the differences being statistically significant. Furthermore, the comparison of odds ratios among young adults who exited the Steps-to-Success program vs. Typical, and young individuals with EBD in Dade county vs. Typical, shows that the exiting Steps-to-Success participants were better approaching the outcome levels observed for the Typical group of young adults who had not been classified. Although the findings regarding the TIP-based Steps-to-Success group are not as high as the Typical group, the exiting program participants' outcomes are quite impressive, particularly in light of the following two facts. First, the Steps-to-Success program's fidelity has been shown to be improving, but it has not met all of the TIP system implementation goals (e.g., service coordination was shown to improve from 1999 to 2001, but Transition Facilitators need to be hired to meet the fidelity goals of TIP [Deschenes, et al., 2003 October]). Second, it has been shown that many of the emotional/behavioral disturbances persist from childhood into adulthood, such that even though young people may have access to specialized services, they continue to function more on a "recovery" mode than fully "healed." The emphasis within this study is on the relative differences between the three groups' post-secondary outcomes, rather than the absolute percentages. It was interesting to note that the exiting Steps-to-Success program participants were substantially more likely than their EBD counterparts to be in post-secondary training or education. This may set the occasion for them to secure career-type employment that provides livable-wages and opportunity for advancement. Still, it is surprising that the percentage of the exiting program participants employed is essentially identical to that of the EBD comparison group. The findings that transition services can be helpful in facilitating transition into adulthood is supported by some additional studies (Bullis, et al., 2002; Cheney, et al., 1998; Clark, et al., in press; Clark, et al., 2002; Cook, et al., 1997). This current study provides a comparison of the TIP exiting program participants from a specialized TIP type system to the post-secondary outcomes of other young adults with EBD and Typical young adults—both groups having exited with "services as usual" within the same geographic area.

This Merged Data Analysis method illustrates an evaluation strategy for estimating the relative post-secondary outcomes from exiting transition program participants against the outcomes from other relevant matched comparison groups from the same geographic area. These types of data can provide stakeholders with local "standards" against which to compare outcomes, and data that may be helpful in continuing to improve the effectiveness of their transition program. Some of the limitations of the MDA method are: (1) accessing complete data bases is usually delayed by 6 to 12 months following the reporting year; (2) ensuring security and interagency agreements

regarding the use of these datasets are essential; (3) requires relatively large numbers of individuals in each group to provide for accurate estimates, particularly if analyses by other variables such as gender, ethnicity, and age are being proposed; (4) young people in the different groups may not be comparable on all of the relevant dimensions in that the comparison groups are not selected randomly; and (5) findings probably do not represent absolute percentages rather the findings are shown relative to appropriate matched comparison groups.

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Program Name: Comprehensive Gang Model

Program Purpose

The Comprehensive, Communitywide Approach to Gang Prevention, Intervention, and Suppression Program (also known as the Comprehensive Gang Strategy, the Comprehensive Gang Model, or the Spergel Model) is based on the assumption that gang violence is a product of social disorganization. The model presumes that gangs become chronic and serious problems in communities where key organizations are inadequately integrated and sufficient resources are not available to target gang-involved youth.

Target Population

Ages 12-25.

Program Description

To address these problems, the Comprehensive Gang Model calls for community institutions including law enforcement, social welfare agencies, and grass roots organizations, to work together to achieve a more integrated, team-oriented approach. The model identifies five core elements or strategies that communities should incorporate into their programs to achieve successful outcomes:

- 1) *Community mobilization.* Local citizens and organizations are involved in a common enterprise. The program consists of local police officers, probation officers, community youth workers, church groups, boys and girls clubs, a Latino community organization and several local residents who work as a team to understand the gang structures and provide social intervention and social opportunities whenever they can.
- 2) *Social intervention.* The program reaches out to youths unable to connect with legitimate social institutions. A youth, the gang structure, and the environmental resources must be taken into account before the youth is provided with crisis counseling, family counseling, or referral to services such as drug treatment, jobs, training, educational programs, or recreation.
- 3) *Provision of social opportunities.* Youths at different points in their lives need different things. Older gang members may be ready to enter the legitimate job field and need training and education to do so. Younger youths at risk of becoming gang members may need alternative schools or family counseling. The program provides individualized services for each youth based on his or her needs.
- 4) *Suppression.* This not only consists of surveillance, arrest, probation, and imprisonment to stop violent behavior, but also involves great communication between agency service providers and control providers.

All providers jointly decide what happens to a particular youth when trouble arises or when it is about to happen.

- 5) *Organizational change and development of local agencies and groups.* All workers need to work closely with one another and collaborate. Former gang members working as community youth workers need to be given as much respect as the police officers in the program. Each group can provide important information for the program that the other may not be able to obtain.

To date, the Comprehensive Gang Model has been tested in at least six sites across the country. From 1992 through 1995, the Chicago Police Department ran the Gang Violence Reduction Project, a comprehensive, communitywide program designed to reduce serious violence in Chicago's gang-ridden Little Village neighborhood. In 1994 OJJDP also launched a series of four- and five-year demonstration projects, testing the model in five different cities: Bloomington–Normal, Illinois; Mesa, Arizona; Riverside, California; San Antonio, Texas; and Tucson, Arizona.

Evaluation Description

The Little Village Gang Violence Reduction Project in Chicago was evaluated by Spergel and Grossman using a quasi-experimental design. The evaluation collected and analyzed data on 493 youths who were either program youths (195), quasi-program youths who received some services (90), or a comparison group who did not receive services (208). The quasi-program and comparison youths consisted of selected members of the same two gangs, the Latin Kings and the Two Six. The distinguishing feature between the quasi-program and comparison youths was service contacts. Evaluators discovered that some gang members selected as part of the comparison group did receive some sort of service contact. These members became the quasi-program group. Data collection included interviews, criminal history records, aggregate level police arrest data, field observations, community surveys and focus groups. Respondents in all three groups were asked about their activities in relation to a series of 16 crimes, nine of which involved violence either with or without a weapon and seven of which were property related. The youths were also asked about drug-selling behavior.

A series of indexes was constructed from these questions and used to determine the ratio of violence to property crime as well as violence to drug-selling activity. Spergel and a group of colleagues at the University of Chicago also evaluated all five of the sites involved in OJJDP's national demonstration project. Although there were minor variations in the evaluation design at each of the sites, all five programs were assessed using a quasi-experimental research design. Treatment groups in each locale (varying in size from 101 to 258 subjects, ages 12 to 21) were matched with appropriate control groups from comparable neighborhoods outside the treatment area. Individual and group progress was then tracked using arrest data, field observations, project contact and service records, and surveys and interviews of program staff and participants. Multivariate statistical models were used to control for differences in demographic

background, previous arrest history, and other distinguishing characteristics between program youths and comparison youths. The national evaluation team also conducted organizational surveys, interviews, focus groups, and site visits to collect qualitative data on the implementation of the Comprehensive Gang Model at each site.

Findings

Spergel and Grossman's initial evaluation of the Little Village site concluded that serious gang violence among the targeted gang members was lower than among members of comparable gangs in the area. Specifically, there were fewer arrests for serious gang crimes (especially aggravated batteries and aggravated assaults) involving members of targeted gangs in comparison with a control group of youths from the same gangs and members of other gangs in Little Village. It appears that the coordinated project approach, using a combination of various social interventions involving youth outreach workers and suppression tactics, was more effective for more-violent youths, while the sole use of youth workers was more effective for less-violent youths. The study also found that the project was apparently most effective in assisting older youths to significantly reduce their criminal activities (particularly violence) more quickly than would have been the case if no project services had been provided. However, the project did not appear to be effective with younger youths. Finally, residents of the target area reported significantly greater improvement in community conditions, perceptions of gang crime, and police effectiveness in dealing with gang crime.

The evaluation of the national OJJDP demonstration project produced mixed results. Two of the five cities involved in the initiative reported positive outcomes. Youths enrolled in Riverside's program (Building Resources for the Intervention and Deterrence of Gang Engagement) were "three times as successful in the odds ratio of success to failure in reducing serious-violence arrests as comparison youth." Program youths also had a lower ratio of failure to success for repeat drug arrests, and local crime records indicate that serious violence offenses, less-serious violence offences and property offenses all declined substantially throughout the Riverside community during the program's operation. Similarly, youths involved in the Mesa Gang Intervention Program had arrest levels 18 percent lower than comparison youth over a four-year period. The targeted area also experienced a 10.4 percent greater reduction in selected juvenile-type crimes than the control area.

Other Notable Points

However, the remaining three OJJDP demonstration sites (Bloomington, Illinois; San Antonio, Texas; and Tucson, Arizona) all reported no statistically significant change in arrest patterns at either the individual or community level as a result of treatment. Based on the qualitative data collected in interviews, focus groups and organizational surveys, Spergel concludes that the lack of treatment effect in these three communities resulted from poor program implementation. All three communities had difficulty establishing successful interagency collaborations and tended to neglect one or more of the five required program elements (community mobilization, social intervention, etc.).

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Program Name: Mendota Juvenile Treatment Center (MJTC)

Program Purpose

The Wisconsin Department of Health and Family Services Mendota Juvenile Treatment Center (MJTC) is a unique residential facility that specializes in providing mental health treatment to extremely “hard cases” within the juvenile justice system.

Target Population

Ages 15-18.

Program Description

The program was established by the Wisconsin State Legislature in 1995 specifically to meet the needs of youths who were too disturbed, unruly, or “treatment refractory” to be housed in the State’s traditional correctional centers. The Center seeks to control and rehabilitate such youths by combining the security consciousness of a traditional correctional institution with the strong mental health focus of a private psychiatric facility.

The overarching goal of the program is to replace the antagonistic responses and feelings created by traditional correctional institutions with more conventional bonds and roles, which can encourage positive social development. The treatment is based on the notion that defiant behavior can become cyclic when the defiant response to a sanction is itself sanctioned, resulting in more defiance and increasing sanctions. With each reiteration, the young offender is further disenfranchised from conventional goals and values, and is increasingly “compressed” into a defiant behavior pattern. The MJTC uses a decompression model that attempts to erode the antagonistic bond with conventional roles and expectations, and with authority figures and other potential sanctioning agents.

Services Provided

The Center’s emphasis on mental health treatment is evident in its setting. Unlike most secure, State-funded correctional facilities, MJTC is housed on the grounds of a State mental health center. The staff is composed of experienced mental health professionals (including a fulltime psychologist, fulltime psychiatric social worker and a fulltime psychiatric nurse manager) rather than security guards or corrections officers. In addition, residents in the program are housed in single bedrooms within small inpatient units (with about 15 youths per unit). Within this private, clinical setting, youths undergo intensive individualized therapy designed to treat their underlying emotional problems and to “break the cycle of defiance” triggered by normal institutional settings. Whenever youths in treatment act out or become unruly, they receive additional therapy as well as enhanced security.

Evaluation Description

Caldwell and Van Rybroek employed a quasi-experimental design to assess the effectiveness of MJTC's treatment program. Their study compared the recidivism rates of two groups of serious and violent offenders confined to Wisconsin correctional facilities. The treatment group consisted of 101 youths who received treatment at MJTC after being referred by one of the State's conventional correctional institutions; the comparison group consisted of 147 youths with equally serious offenses who were referred to MJTC for assessment purposes but received no treatment. The entire sample was 52 percent African-American, 38 percent white, nine percent Hispanic, and two percent Asian- (or Middle Eastern) American male juveniles. The average age at release was 17 years and one month. The only significant demographic difference identified between the groups was the proportion of African-American subjects in the samples. The evaluators then used court and corrections department records to track each participant's pattern of re-offending. All participants were tracked for at least two years after treatment, with the average follow-up time being 4½ years. A propensity score analysis was used to reduce the effects of nonrandom assignment.

Findings

Youths in the treatment group were significantly less likely to recidivate within two years of release than youths in the comparison group. (The treatment group's overall two-year recidivism rate was 52 percent versus 73 percent for the comparison group.) While misdemeanor rates do not appear to have been significantly affected by the treatment, MJTC youths were only about half as likely to commit new violent and serious offenses. They also spent less time incarcerated and had a longer average "survival time" before re-offending. The authors attribute these results to the fact that the MJTC program "significantly increased the level of participation in rehabilitation services for the vast majority of youth transferred there." Overall, the authors conclude, their findings "provide a challenge to the notion that this population is untreatable" or beyond rehabilitation.

Authors: Title and Publication Reference

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Caldwell, M.F.; M. Vitacco; Greg J. Van Rybroek. 2005. "Are Violent Delinquents Worth Treating: A Cost-Benefit Analysis." *Journal of Research in Crime and Delinquency* XX:1-20.

Program Name: The Washington, DC, Restitution Program

Program Purpose

The Washington, DC, Restitution Program is a post-adjudication restitution program for juvenile offenders. Its premise is that restitution is effective only if a juvenile accepts responsibility for his or her offenses and is committed to the principle of making amends to the victim.

Target Population

Ages 12-18.

Program Description

The program is initiated after a pre-sentence investigation when a probation officer recommends the youth either for incarceration or for probation. Those recommended for probation may also be placed into the restitution program. Participation is entirely voluntary. The program accepts only youths with at least one felony conviction.

Evaluation Description

This program participated in a multi-site, experimental evaluation of restitution programs used with juvenile offenders. Each program was conducted simultaneously in four different juvenile court jurisdictions: Boise, Idaho; Washington, DC; Clayton County, Georgia.; and Oklahoma County, Oklahoma. In all four sites, youths were randomly assigned to restitution or traditional dispositions (i.e., probation or detention). The randomization procedure differed from site to site, although all formulas were based on some combination of date of birth, a random number starter and a final assignment which allocated cases into groups in accordance with predetermined proportions. In Washington DC, if a youth was eligible for probation and randomly assigned to the victim-offender mediation and restitution program, he or she had the choice to reject the assignment in favor of probation. Forty percent of those assigned to the restitution group refused. When data was analyzed, this “restitution refused” group was combined with the restitution group and then with the control group to control for any biases. Participants were predominantly African-American and male, with an average age of 15. The evaluation compared recidivism rates, defined as crimes committed after entry into the treatment or control condition that resulted in contact with the county juvenile or adult court, excluding incidents resulting in a dismissal or not guilty verdict. Data was collected from juvenile and adult court records up to 22 to 36 months after assignment to restitution or control.

Findings

The multi-site evaluation revealed that restitution provides a small but important effect on recidivism. Of the four sites in the study, two (Washington, DC; and Clayton,

Georgia) produced findings in which the juveniles who received restitution had fewer subsequent contacts with the court during the two-to-three-year follow-up interval. It was estimated that each of these programs produced ten fewer crimes per 100 youths each year. Moreover, youth groups that received restitution from any of the four sites never had higher recidivism rates than those in probation or detention.

However, it should be noted that not all programs may be able to achieve this effect, owing to program management, community circumstances, or other factors that influence program outcome.

Other Notable Points

The results from the Washington, DC, sample showed that youths randomly assigned to restitution had lower rates of recidivism than those assigned to probation, regardless of whether they participated in restitution. The researchers feel that this difference is due to the fact that those assigned to restitution were given the choice to say no. This involvement in deciding one's future led to beneficial results for the "restitution refused" group.

Authors: Title and Publication Reference

Schneider, Anne L. 1986. "Restitution and Recidivism Rates of Juvenile Offenders: Results From Four Experimental Studies." *Criminology* 24(3):533–53.

Program Name: Minneapolis Center for Victim–Offender Mediation

Program Purpose

The Center for Victim–Offender Mediation in Minneapolis, Minnesota, was initiated by the Minnesota Citizens Council on Crime and Justice in 1985. The center operates within a jurisdiction of two-million people in the Minneapolis–St. Paul metropolitan area. The program is designed to provide victims with the opportunity to meet their offenders in a safe and structured setting for dialog, negotiation and problem solving.

Target Population

Ages 10-18.

Program Description

The Minneapolis Center for Victim-Offender Mediation was the first such program in a large urban jurisdiction. The center averages more than 900 case referrals a year. The citizens' council mediation service also has a parent–child mediation program, a school mediation program, and a mediation training program in juvenile correctional institutions.

Evaluation Description

The Center for Victim–Offender Mediation participated in the first large cross-site evaluation of victim–offender mediation services. The other programs studied were located in Albuquerque, New Mexico.; Austin, Texas; and Oakland, California. The study used a nonequivalent control group design with pretest and posttest. The comparison group at each site consisted of similar offenders from the same jurisdiction matched by age, sex, race, offense and restitution amount who did not receive mediation. The data was collected through interviews with 1,153 crime victims and juvenile offenders, reviews of program records and court records, interviews with court officials and program staff and observation of 28 mediation sessions. Pre- and post-interviews were used to assess the impact of the program. Pre-interviews occurred only with the mediation sample and were conducted over the phone within a week of the mediation. Post-interviews were held two months after the completion of the mediation session. Comparison group interviews occurred over the phone about two months after the case disposition date. Among the outcome measures used to examine this program were client satisfaction, client perceptions of fairness, restitution rates, completion rates and recidivism.

Findings

The evaluation findings demonstrate that victim–offender mediation at each site resulted in juvenile offenders committing considerably fewer additional crimes during the one-year follow-up period than similar offenders in the court-administered restitution program. They also tended to commit crimes that were less serious than the offense of

referral. However, this finding is not statistically significant. Thus, the possibility that this effect can occur by chance cannot be ruled out. The evaluation also found high levels of client satisfaction (90 percent of victims and 91 percent of offenders) and perceptions of fairness (83 percent of victims and 89 percent of offenders). Moreover, victims who participated in the mediation process were significantly more likely to view the system as fair than similar victims who did not participate in mediation. The mediation process also had a strong impact on the likelihood of offenders successfully completing their restitution obligation to their victims.

Authors: Title and Publication Reference

Umbreit, Mark S., and Robert B. Coates. 1992. *Victim–Offender Mediation: An Analysis of Programs in Four States of the U.S.* Minneapolis, Minn.: Minnesota Citizens Council on Crime and Justice.

———. 1993. “Cross-Site Analysis of Victim–Offender Mediation in Four States.” *Crime And Delinquency* 39(4):565–85.

Program Name: Operation Ceasefire

Program Purpose

Originally developed by the Boston Police Department's Youth Violence Strike Force, Operation Ceasefire is a problem-solving police strategy that seeks to reduce gang violence, illegal gun possession, and gun violence in communities. As a deterrence strategy, the intervention posits that crimes can be prevented when the costs of committing the crime are perceived by the offender to outweigh the benefits of committing a crime.

Target Population

Ages 15-24.

Program Description

Operation Ceasefire targets high-risk youths as well as serious and violent juvenile offenders. The program is just one element of a collaborative, comprehensive strategy (which also includes the Boston Gun Project and Operation Night Light) implemented in Boston, Mass., to address escalating gang activity and rising violent crime rates. It combines aggressive law enforcement and prosecution efforts aimed at recovering illegal handguns, prosecuting dangerous felons, increasing public awareness, and promoting public safety and antiviolence.

The program's suppression tactics include numerous warrants and long sentences for chronic offenders, aggressive enforcement of probation restrictions, and deployment of Federal enforcement powers. The prevention strategy is centered on an ambitious communications campaign involving meetings with both community groups and gang members. Everyone in the community is informed that gang violence will provoke a zero-tolerance approach and that only an end to gang violence will stop new gang-oriented suppression activities. Ideally, these activities should be combined with a variety of other law enforcement strategies and grassroots community initiatives to combat crime.

The goals of the program are to carry out a comprehensive strategy to apprehend and prosecute offenders who carry firearms, to put others on notice that offenders face certain and serious punishment for carrying illegal firearms, and to prevent youths from following the same criminal path.

Operation Ceasefire's first main element is a direct law-enforcement attack on illicit firearms traffickers who supply youths with guns. The program frames a set of activities intended to systematically address the patterns of firearm trafficking:

- Expanding the attention of local, State, and Federal authorities to include intrastate trafficking in Massachusetts-sourced guns;

- Focusing enforcement attention on traffickers of those makes and calibers of guns most used by gang members;
- Focusing enforcement attention on traffickers of those guns showing a short time to crime (18 months or less);
- Focusing enforcement attention on traffickers of guns used by the city's most violent gangs;
- Attempting to restore obliterated serial numbers; and
- Supporting these practices through analysis of crime gun traces generated by the Boston Police Department's investigations and arrests involved with gangs or violent crimes.

The second element involves deterring violent behavior by chronic gang members by reaching out directly to gangs, saying explicitly that violence will not be tolerated, and by following every legally available route when violence occurs. Simultaneously, service providers, probation and parole officers, and church and other community groups offer gang members services and other kinds of help.

Evaluation Description

Operation Ceasefire has been evaluated using a basic one-group, time-series design and a nonrandomized quasi-experiment to compare youth homicide trends in Boston with youth homicide trends in other large U.S. cities. No control groups were used in the evaluation for three reasons: (1) the aim of the program was to address serious youth violence wherever it presented itself in the city, (2) the target of the intervention was defined as the self-sustaining cycle of violence in which all gangs were caught up and to which all gangs contributed, and (3) the communications strategy was explicitly intended to affect the behavior of gangs and individuals not directly subjected to enforcement attention.

The key outcome variable in the assessment of the Ceasefire program was the monthly number of homicide victims age 24 and younger. The homicide data were obtained from the Boston Police Department's Office of Research and Analysis (January 1991 through May 1998). The evaluation also examined the monthly counts of citywide shots-fired, citizen calls for service data, and citywide official gun assault incident report data (January 1991 through December 1997).

Findings

The Operation Ceasefire program was officially implemented on May 15, 1996. Boston had averaged 44 youth homicides per year from 1991 through 1995. In 1996 the number of youth homicides decreased to 26 and further decreased to 15 in 1997.

A comparison of Boston's youth violence trends with other cities during the program period suggests that Operation Ceasefire may have been effective in reducing youth homicides, gun assault incidents, and "shots fired" calls for service. The intervention was associated with a statistically significant decrease (63 percent) in the monthly

number of youth homicides. However, Operation Ceasefire was but one element of a collaborative, comprehensive strategy implemented in Boston. Others included Boston's 10-Point Coalition. The Operation Ceasefire program has been replicated in other cities, including Minneapolis, Minn.; St. Louis, Mo.; and Los Angeles, Calif.

Authors: Title and Publication Reference

Braga, Anthony, David Kennedy, Elin Waring, and Piehl Anne Morrison. "Problem-Oriented Policing, Deterrence, and Youth Violence: An Evaluation of Boston's Operation Ceasefire." *Journal of Research in Crime and Delinquency* 28(3):195–225 (July 2002)

Program Name: The Philadelphia Youth Violence Reduction Partnership (YVRP)

Program Purpose

The Philadelphia Youth Violence Reduction Partnership (YVRP) is a multi-agency effort involving various youth-serving organizations and criminal justice agencies partnering to reduce Philadelphia's homicide rate and put violent youthful offenders on the path toward a productive majority. Since its establishment in 1999, YVRP has sought to help 14 to 24 year-olds at greatest risk of killing or being killed. Almost all YVRP participants are under court supervision, having contact with a probation or parole officer, and most have been convicted or adjudicated on a violent or drug-related charge at least once.

Target Population

Ages 14-19.

Program Description

YVRP not only provides participants with increased supervision but also brings them support through access to critical resources such as employment, mentoring, healthcare, and drug treatment. While most probation departments are short on resources and face extremely heavy caseloads, in YVRP street workers, smaller caseloads, and police partnerships help bridge the gaps. Street workers in consultation with probation officers develop mentoring relationships with the participants and connect them with much needed social support, ranging from mental health counseling to employment assistance. Street workers also help participants' parents get jobs and find housing and health care, thereby providing participants with more stable family lives.

With smaller caseloads, YVRP probation officers have more time to closely supervise their probationers. Police also accompany probation officers to the homes and hangouts of participants, serving as a reminder that the police support probation and allowing for police contact and interaction outside of the context of enforcement.

Intended Frequency

YVRP involves more than ten public and private organizations and a staff of more than 50 police officers, probation officers, and street workers. The staff aim to see participants and their families more than 25 times a month to help connect the young offenders to school, work, or counseling, while ensuring strict enforcement of their probation.

Evaluation Description

The evaluation relied on monitoring data collected from January 2000 to July 2003. To determine whether YVRP Police Districts experienced change in their levels of violence, evaluators collected the homicide data of the 24th and 25th Police Districts from 1994 to September 2003. The evaluation team analyzed monthly statistics on each participant and

the holding of semi-annual interviews with street workers, police, and probation officers. The evaluators followed street workers closely to learn about their relationships with participants and shadowed probation officers to gain insights into their daily activities.

Findings

Preliminary analysis of youth homicides in the YVRP Police Districts seems to provide at least initial evidence that the YVRP is indeed helping high-risk youths stay alive. The ten years of homicide data collected from the Philadelphia Police on the YVRP Police Districts reveals that homicides in the 24th and 25th Police Districts were significantly lower after the start of YVRP. In looking at the raw averages, the 25th District saw a decrease from an average of 5.8 youth homicides per quarter before YVRP to 3.4 after YVRP. In the 24th District, youth homicides declined by an average of one per quarter over four years. The 25th District also saw a significant reduction in the number of homicides for all ages. There was, however, not a significant decrease in the number of homicides for victims of all ages in the 24th District.

Homicide trends also may support the conclusion that YVRP is having a positive effect in the districts in which it operates. The rate of homicide reduction was greater in the YVRP Police Districts than in the city as a whole. Trends show that 24th District homicides were slowly increasing over time, and during the quarter that YVRP was implemented there was a dramatic decline in homicides. However, following the immediate decrease, homicides have continued to increase at a faster pace than before YVRP. But this rate is significantly lower than the increase citywide.

In the 25th Police District, youth homicides dropped after the inception of YVRP and have continued to drop. This is in stark contrast to the city as a whole, where since the introduction of YVRP there has been a trend toward increased youth homicides. A similar pattern is seen in the trend of homicides of individuals of all ages in the 25th District.

Authors: Title and Publication Reference

Fight Crime: Invest in Kids. 2004. Caught in the Crossfire: Arresting Gang Violence by Investing in Kids. Washington, DC.

McClanahan, Wendy S. 2004. Alive at 25: Reducing Youth Violence through Monitoring and Support. Philadelphia, Pa.: Public/Private Ventures.

Program Name: Thomas O'Farrell Youth Center***Program Purpose***

The Thomas O'Farrell Center is a transitional living residential facility that serves youth from across Maryland. The center wants to promote and instill positive practices in program participants by combining intensive supervision and treatment and linking to community treatment services. The program includes components such as education, vocational counseling, crisis intervention, mentoring, family services, and transportation. Located in Carroll County, the state-owned facility is a cluster of buildings in a rural wooded area.

Target Population

Males, ages 13-18.

Program Description

This program serves male youth committed to the Maryland Department of Juvenile Services. Planning for aftercare begins at admission to residential treatment where youth spend an average of eight months. Program treatment focuses on the development of positive social norms. In the program, residents are assigned to small treatment teams and move through two merit-based phases while in residential care. In the aftercare phase, each youth is assigned two caseworkers who have contact with the individual at least 12 days per month. Services include support in school re-entry, vocational preparation and support, crisis intervention, family counseling, transportation, and mentoring.

Evaluation Description

An evaluation of the Thomas O'Farrell Youth Center utilized a pre-test, post-test research design. Specifically, the study aimed to compare youth actions after one year of program completion.

Findings

Research finds limited evidence that suggests a positive influence of aftercare services on program participants. The pre-test, post-test design study indicated that 55 percent (n=56) of program graduates had no further court referrals in the year following their release (11.6 months). Conversely, participating youth had a recidivism rate of 45 percent. However, in the year following program completion, the number of offenses committed by study participants declined by 77 percent.

Authors: Title and Publication Reference

Gies, S.V., (2001). Aftercare services. *Juvenile Justice Practice Series*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved on line January 5, 2007 at <http://www.ncjrs.org/html/ojjdp/201800/contents.html>

Program Name: The Bethesda Day Treatment Center

Program Purpose

Based in Pennsylvania, the Bethesda Day Treatment Center is a private nonprofit corporation that consists of facilities in 18 counties which offer a diverse array of intervention options, including treatment foster care, alternative education, group homes, drug and alcohol counseling, and the after school–evening, intensive, community-based intervention. Additionally, the center uses has an intensive aftercare component designed for the successful reintegration of youths released from institutional placement. It is available for both male and female youth who are discharged from many types of institutions and placements. The program receives most of its referrals by court order based on recommendations from area juvenile courts and other organizations serving children and youth. However, often the youths are discharged out of costly residential placement earlier than expected and placed in their communities with Bethesda’s intensive community-based supervision.

Target Population

Ages 10-18.

Program Description

After the completion of the day treatment program or release from institutional placement, youths enter the aftercare program, which is designed to provide the necessary services and supervision as well as minimize reentry problems for youths returning to their communities. The aftercare component requires the administration of a needs assessment, and once those needs are determined, the aftercare staff connect the youth to the appropriate agencies. Community integration has enabled the center to use a variety of resources offered by the communities. For instance, youths may be referred to mental health services, family planning services, or private consultants offering expertise in specific areas such as group counseling, life skills, or job skills. The center also maintains a relationship with several activity sites (e.g., nursing homes, State schools, campsites, parks) throughout the community to provide treatment to youths. Finally, to ensure attendance in all activities, the center provides all transportation logistics.

The aftercare component incorporates these treatment services with an intensive supervision program for the youth. The intensive supervision refers to any direct supervision or intensive services provided by the staff to ensure youth accountability to the treatment structure. Services include search and rescue, 24-hour crisis intervention, and after-treatment detention accountability sessions. Accountability sessions are typified by immediate separation from the group, additional time in the program, or both, which are designed to provide an immediate impact on negative behavior.

Evaluation Description

The Bethesda Day Treatment Center was independently evaluated using a one-group, posttest-only, quasi-experimental design during a 4-year period (1994–97). The evaluation collected data on demographics, program completion, and recidivism.

Another evaluation, conducted in 1998, was limited by its small sample size (n=20) and lack of a comparison group, also measured recidivism rates at one year after program completion.

Findings

The evaluation results demonstrate that the recidivism rates for youths referred to the Bethesda Day Treatment Center was about 33 percent over the four-year period, which compares favorably with a baseline recidivism rate for untreated serious juvenile offenders. Moreover, this number declined steadily—from 37 percent for the 1994 cohort, to 31 percent for the 1995 cohort, to 28 percent for the 1996 cohort—indicating an increased capacity on the part of Bethesda to improve its performance. The rate of recidivism is even more impressive for program completers. Only 19 percent of those juveniles who successfully completed the Bethesda program received new petitions in family court within six months following discharge. The evaluation also indicated that compared with day treatment programs as a whole, youths referred to Bethesda were assessed as being at greater risk of re-arrest at the point of intake. Overall, while impressive, these findings must be viewed with caution because the study did not incorporate a control group.

The second evaluation revealed that program participants had a recidivism rate of only five percent within the first year after program discharge.

Authors: Title and Publication Reference

Gies, S.V. (2001). Aftercare services. Juvenile Justice Practice Series. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved on line January 5, 2007, from <http://www.ncjrs.org/html/ojjdp/201800/contents.html>

Howell, J.C. (1998). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Program Name: Florida Environmental Institute (FEI)

Program Purpose

The Florida Environmental Institute (FEI), also known as the “Last Chance Ranch,” is a residential and aftercare facility in the Florida Everglades. The FEI facility contains no locks, bars or cells but is surrounded by forests and swamps and maintains a low student-to-staff ratio to provide security. FEI serves male youths and it has the capacity to house 22 juveniles in the residential portion of the program and 22 youths in the aftercare component. The average length of participation in the program is 18 months, with a residential stay of at least nine months after which most participants return to the community in the aftercare program.

Target Population

Males, ages 15-18, with a history of serious delinquent behavior (an average of 18 delinquent offenses and 11.5 felonies).

Program Description

The theoretical model of the FEI program concentrates on educational and vocational skills as a means of reducing recidivism. Structurally, the program consists of three graduated phases (each with several levels) through which youth progress until program completion. The three phases of the FEI program are graduated, based on restrictiveness. They range from a highly supervised rural setting in phase one to a nonresidential locale in phase three. Points earned for positive behavior under a strict behavior management regimen mark the progression through the phases. The point system is designed to provide a constant reminder that good behavior will be rewarded. Each youth earns roughly $\frac{1}{2}$ or $1\frac{1}{2}$ point cards per week and must earn 12 cards to complete each of the levels, but rule infractions may hinder the ability to earn points. To monitor their progress, youth are ranked five times each day in seven behavior areas: (1) being on time, (2) appearance, (3) attitude, (4) leadership, (5) participation, (6) enthusiasm, and (7) manners.

The program begins with a tough three-day orientation known as “O Camp.” During O Camp, staff members initiate an assessment and relate the program rules, philosophy and expectations of the youths. Caseworkers also establish a treatment plan, assign work projects and initiate a bonding process during this orientation. If the offender resists the rules, the process may be extended a day or two. After completing O Camp, the youths move into phase one and progress through each of the phases.

Aftercare planning begins before the youth leave the residential setting. Strict supervision is provided following discharge with contact from a community coordinator at least four times per week, frequent telephone calls and a strict curfew. Coordinators also provide support related to school and work and in securing other needed services.

The intensive aftercare period lasts for at least six months, and some level of contact continues for three years.

Evaluation Description

Several assessments of the FEI program have produced positive (but limited) results suggesting that the FEI aftercare model succeeds at reducing recidivism among juvenile offenders. Conducted by Weaver, the first study was a three-year follow-up of 21 FEI graduates. Another assessment of the FEI model is the 1992 Florida Department of Health and Rehabilitative Services (DHRS) study of recidivism, which compared the outcomes from seven residential programs for high-risk offenders—11 of them from the FEI program. A final study conducted by the Florida Department of Juvenile Justice used a similar methodology. The basic methodology of each study was a one-group, posttest-only, quasi-experimental design.

Findings

Weaver's study found that only one third of the FEI sample was convicted of new crimes during this three-year period follow-up period. However, no control group was used, which makes it difficult to assess the effectiveness of the program. But when compared with traditional training school releases, the latter have much higher recidivism rates (50 to 70 percent). The DHRS study also yielded impressive results, as only 36 percent of the FEI participants were referred again to the juvenile court, compared with a range of 47 percent to 73 percent from the other six programs. Moreover, none of the 11 FEI youth were re-adjudicated or recommitted to the DHRS during the follow-up period, while the re-adjudication rates in the other facilities ranged from 20 to 50 percent. More recently, a similar study by the Florida Department of Juvenile Justice found comparable results. The study found that for the 4-year period from 1997 through 2000, only nine of 57 serious juvenile offenders (16 percent) released from FEI were found guilty of a new offense in the first 12 months after completing the program, compared with an average reconviction rate of more than 40 percent for all Florida institutions serving juvenile offenders.

In summary, the analyses indicate that FEI holds great promise as a juvenile aftercare program model for serious and chronic juvenile offenders. However, both of the Florida studies must be interpreted cautiously, considering that neither of the programs was specifically designed as a control group for any of the others; the FEI sample was small in each study; and the results were based only on returns to the juvenile justice system.

Authors: Title and Publication Reference

Mendel, R.A. (2001). *Less Cost, More Safety: Guiding Lights for Reform in Juvenile Justice*. Washington, DC: American Youth Policy Forum.

Weaver, R. (1989). "The Last Chance Ranch: The Florida Environmental Institute Program for Chronic and Violent Juvenile Offenders." In William Barton, Barton, W.H.; J.

Butts, C. Stromberg, and R. Weaver. Programs for Serious and Violent Juvenile Offenders. Ann Arbor, Mich.: Center for the Study of Youth Policy.

Program Name: Intensive Aftercare Program (IAP)

Program Purpose

The Intensive Aftercare Program (IAP) model addresses a critical problem facing the nation's juvenile justice system: how to effectively intervene with high-risk, incarcerated juvenile offenders who have demonstrated high recidivism rates and continue to offend as adults. The goal of the IAP model is to reduce recidivism among high-risk parolees. The model postulates that effective intervention requires not only intensive supervision and services after institutional release, but also a focus on reintegration during incarceration and a highly structured and gradual transition between institutionalization and aftercare.

Target Population

Males, ages 12-18.

Program Description

Effective intervention with the intended target population requires not only intensive supervision and provision of services after institutional release, but also a focus on reintegration during incarceration and a highly structured and gradual transition process that serves as a bridge between institutionalization and aftercare. The IAP model is most clearly conceptualized as a correctional continuum consisting of three distinct, yet overlapping, segments: (1) pre-release and preparatory planning during incarceration; (2) structured transition that requires the participation of institutional and aftercare staff prior to and following community reentry; and (3) long-term, re-integrative activities that ensure adequate service delivery and the necessary level of social control. The model promotes the idea that affecting positive changes in areas such as substance abuse will lead to lower recidivism.

Evaluation Description

The evaluation design called for the use of a series of standardized tests to measure pre- and post-program changes in the areas of substance abuse, family functioning and social functioning. Due to low completion rates and extensive missing data, however, data from these tests could not be used in the evaluation. Alternative intermediate outcome measures were developed from other data sources, but these could not provide information as comprehensive as might have been available from the standardized tests. The absence of the standardized testing data limits the ability to understand the relationship between these intermediate outcomes and recidivism.

The original expectation was that there would be at least 100 IAP and 100 control youth at each demonstration site. After approximately four years of intake, the total for the three sites was 515 youth. However, each site also experienced attrition from the original sample due to early terminations (e.g., youth who were transferred to

specialized facilities due to significant needs or behavioral problems or youth who, for a variety of reasons, would not be experiencing some form of parole supervision). Consequently, a total of 435 juveniles were involved in a comprehensive evaluation. Specifically, the study involved 67 IAP youth and 51 control youth at the Colorado site; 100 IAP and 120 control youth at the Nevada site; and 63 IAP and 34 control youth at the Virginia site.

Colorado

Colorado's IAP model served high-risk youth from the Denver area who were assigned to the state's Lookout Mountain Youth Services Center. IAP youth were handled by three IAP case managers, who each had a maximum of 18 youth. Case managers were responsible for the youth both during the institutional phase and during aftercare. IAP youth were housed in an IAP-specific cottage at Lookout Mountain. The institutional length of stay averaged 10.3 months (versus 12.6 for control youth), and the aftercare length of stay averaged 8.4 months (versus 8.7 for controls).

Nevada

The Nevada IAP program served committed youth from Clark County (primarily Las Vegas) who were extremely high risk. Two-thirds of the youth had 11 or more prior referrals, 80 percent had a prior commitment to secure care and more than half (55 percent) were gang members. IAP participants were housed in a 20-bed, IAP-specific cottage at the Caliente Youth Center. The institutional length of stay for IAP youth averaged 6.7 months (compared with 7.7 months for controls). Length of stay on aftercare was nearly identical for the two groups: IAP youth averaged seven months, while control youth averaged 6.9 months.

Virginia

Virginia's intensive aftercare model was referred to as the Intensive Parole Program (IPP). It served high-risk youth from Norfolk who were committed and placed at either the Beaumont or Hanover Juvenile Correctional Centers. Key staff included two institutional IPP case managers, three IPP parole officers (each of whom handled a maximum of 15 IPP cases), a parole aide, and a unit supervisor. On average, IPP youth remained in the institutional phase for 8.2 months, while the length of stay for control youth was 9.2 months. The average length of stay on aftercare was 5.8 months for IPP youth (versus 7.5 months for controls).

Findings

One year after program completion, evaluators used multiple measures to compare the officially reported recidivism of the IAP and control groups. In each site, there was no difference between IAP and controls in the number of days "at risk" during the follow-up. Additionally, recidivism rates were high for both groups in all three sites. Approximately 50–

60 percent of the youth were rearrested for felony offenses, 60–70 percent for criminal offenses (felony and/or misdemeanor), and 80–85 percent for some other type of offense.

Moreover, few statistically significant differences existed between the IAP and control groups in the prevalence or incidence of re-offending at all three sites. For example:

- In Colorado and Nevada, there were no differences between IAP and controls in the proportion of youth arrested (or convicted) for felony offenses or criminal offenses. In Virginia, IAP youth were somewhat less likely to be arrested (or convicted) for felony or criminal offenses, but these differences were not statistically significant.
- In all three sites, there were no differences between the groups in (1) the nature of the most serious subsequent offense, (2) the mean number of felony arrests, criminal arrests, or total arrests, or (3) the number of days to first felony or criminal arrest.
- In all three sites, there were no differences between the groups on a composite measure of the number and severity of offenses.
- In Nevada and Virginia, there were no differences between the groups in the percentage of youth sentenced to a new term of incarceration as a result of an offense that occurred during the 12-month follow-up.

The only statistically significant differences observed were: (1) IAP youth in Nevada and Virginia were significantly more likely than control youth to be charged with a technical violation; and (2) IAP youth in Colorado were significantly more likely than control youth to be recommitted or sentenced to a jail/prison term in the adult system.

Finally, to control for potential pre-existing differences between the IAP and control groups that may have resulted from small samples or sample attrition, a multivariate (least squares regression) analysis was conducted. Group assignment (i.e., IAP versus control) was regressed against the criminal recidivism score while controlling for a range of risk-related variables (e.g., age at first adjudication, number of prior referrals). The results showed that even when controlling for other factors, IAP did not have an influence on recidivism.

This result is a fairly consistent finding in the literature on intensive supervision programs. Because youth in such programs are supervised and scrutinized more closely than other youth, any program infractions or technical violations are much more likely to be discovered and documented.

Authors: Title and Publication Reference

Wiebush, R.G., Wagner, D., McNulty, B., Wang, Y., and Le, T.N. (2005).
Implementation and Outcome Evaluation of the Intensive Aftercare Program: Final

Report. National Council on Crime and Delinquency. Washington, DC: Office of Justice Programs. Retrieved January 5, 2007, online from <http://www.ncjrs.gov/pdffiles1/ojjdp/206177.pdf>.

Program Name: Lifeskills '95***Program Purpose***

Lifeskills '95 is a curriculum-based parole reentry program designed to treat high-risk chronic offenders post-release by helping them cope with the problems of everyday life. The program reinforces small successes while addressing a chronic offender's fears of the real world.

Target Population

Ages 16-22.

Program Description

The approach used by Lifeskills '95 is based on six programmatic principles believed to help with reintegration:

- 1) Improve the basic socialization skills necessary for successful reintegration into the community;
- 2) Significantly reduce criminal activity in terms of amount and seriousness;
- 3) Alleviate the need for or dependence on alcohol or illicit drugs;
- 4) Improve overall lifestyle choices (social, education, job training, and employment);
- 5) Reduce the individual's need for gang participation and affiliation as a support mechanism; and
- 6) Reduce the high rate of short-term parole revocations.

The treatment consists of 13 consecutive weekly meetings that concentrate on different coping skills: (1) Program Introduction, (2) The "Pit"—Dealing With Your Emotions, (3) Unmanageability, (4) Denial, (5) The Problem of Thinking You Can Do It Alone, (6) "Letting Go," (7) Perceptions, (8) Expectations, (9) Reality, (10) Love, (11) Family Dynamics, (12) Living With Addiction, and (13) Continuous Practice. Each meeting lasts three hours. The first 1½ hours are used for lectures, and the final 1½ hours for group discussion. Participants may begin and engage in the program during any point in the curriculum.

Evaluation Description

The program was evaluated using a quasi-experimental design with a non-randomized treatment group and a control group. The two groups were comprised of parolees released from a secured facility between February 1, 1995, and December 31, 1995; and they were assigned to the California Youth Authority's Inland Parole Office. If a juvenile reported a residence that was within a 25-mile radius of the Inland Parole Office at the time of release, the youth was placed in the treatment group. If the juvenile's address was beyond the 25-mile radius, the youth was in the control group. Coincidentally, the sample size was equal

(n=115 for each group) for both the treatment and the control group. The overwhelming majority of participants were male—97.4 percent in the treatment group and 95.7 percent in the control group. The average ages were 20.0 and 20.2, respectively. The treatment group was 40.9 percent African-American, 39.1 percent Hispanic and 14.8 percent white. The control group was 50.4 percent Hispanic, 24.3 percent African-American and 20.0 percent white. The treatment group was required to attend all 13 Lifeskills '95 classes, while the control group was not.

Data was collected through semi-structured interviews and surveys of parolees, treatment facilitators, and parole agents. Random drug tests were also performed. Data was collected three times: (1) the 1st week after release; (2) after the treatment was complete (3 months after release); and (3) at the end of the evaluation period (February 28, 1996). During this analysis, that treatment group lost nine participants (n=106) when the parolees became involved in an additional program and were removed from the sample.

Findings

All of the following findings are statistically significant:

- Ninety days after release from secure confinement, control group youths were twice as likely as the experimental group to have been rearrested; be unemployed and lack the resources necessary to find and maintain a job; have a poor attitude toward working; and to have frequently abused drugs or alcohol. Control group youths were three times as likely to associate with former gang members; have “serious problems” with family relationships; be unresponsive and negative in their commitments to parole; and associate almost exclusively with negative, unfavorable peer groups.
- A year after the evaluation began, the results were just as favorable for the Lifeskills '95 program participants. The control group youths were twice as likely as the experimental group to have one or more arrests, be associated with negative peer groups and unemployed without means of financial support. They were also twice as likely to have failed in their parole, signifying that they had their parole revoked owing to a technical or criminal violation, were in jail awaiting a new criminal charge, were in temporary detention awaiting a revocation hearing, or they were missing. Control group youths were three times as likely as experimental group youths to continue their abuse of drugs.

Authors: Title and Publication Reference

Josi, D.A., and Sechrest, D.K. (1999). “A Pragmatic Approach to Parole Aftercare: Evaluation of a Community Reintegration Program for High-Risk Youthful Offenders.” *Justice Quarterly* 16:51–80.

Program Name: Jump on Board for Success (JOBS)

Program Purpose

Vermont's Jump on Board for Success (JOBS) program, based on the Transition to Independence Process (TIP) helps youth and young adults coping with or suffering from serious emotional disturbances to overcome obstacles, secure employment, develop living and job skills and decrease their use of public assistance. The program provides innovative employment and intensive case management services for at-risk youth.

Target Population

Ages 16-21, with serious emotional disturbances

Program Description

Youth who receive severe emotional treatment services face tremendous change when they reach 18 years of age. Whereas the individuals were being served as youth by education, mental health and child welfare agencies, they are suddenly treated as an adult. In most cases those individuals lose the support of the system of care for youth and must suddenly shift to receiving adult services, which have different eligibility criteria and funding. Service recipients must also develop relationships with an entirely different group of helpers. JOBS helps bridge this gap by serving youth from the age of 16 until the age of 22.

The JOBS model includes the following:

- Innovative supported employment and intensive case management service;
- Uses work as a means to reach this challenging population; and
- Involves employers and the business community in meeting the needs of youth through intensive job development, placement, and on and off-site training support.

JOBS differs from other traditional employment models by providing intensive case management services to assist in meeting other areas of need in a young person's life, e.g., dealing with legal issues, homelessness, drug/alcohol abuse, program and parole.

Evaluation Description

In 2004, researchers evaluated Vermont's JOBS program in order to compare the adolescents and young adults who had started the program with those who completed the program.

Findings

When comparing young persons who had started the program with those who completed it, evaluators found that 57 percent more youth who completed the program graduated from high school or obtained a GED, over 150 percent more obtained employment and 70 percent fewer were involved in the criminal justice system or received Social Security or welfare benefits. Because JOBS participants were diverted from other types of public assistance, researchers estimated that in the year 2000, the program saved the Vermont state government \$687,912.00 in foregone corrections expenditures, \$42,336.00 in unneeded welfare benefit expenditures and \$37,911.00 in foregone social/supplemental security benefit spending.

Authors: Title and Publication Reference

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Program Name: Supported Employment

Program Purpose

Supported Employment is a model of occupational intervention and enhancement. The greatest volume of literature is about the Individual Placement and Support (IPS) form of the Supported Employment model, whose characteristics consist of (1) competitive employment, (2) rapid job search, (3) integrated mental health care, (4) user-responsive preferences, (5) continuous and comprehensive assessment, and (6) time-unlimited support.

Program Description

The Supported Employment model is dictated by the consumer or mental health user. No one who wants to participate is excluded. Moreover, Supported Employment programs are not a substitute for treatment plans, but are integrated with them. The program's goal is competitive employment, and the objective is to find community jobs that pay at least minimum wage, including both part-time and full-time positions. Additionally, there are no requirements for completing an extensive pre-employment assessment and training, or intermediate work experiences, before obtaining employment. Rather, the job search starts soon after a consumer expresses interest in working.

Evaluation Description

There are several studies that demonstrate the effectiveness of Supported Employment. The first study, based in Hartford, Connecticut, researchers compared the IPS program to a psychiatric rehabilitation center (PRC) and standard care.

A second study was carried out with a population that is relatively disadvantaged. The sample of service users had high levels of psychosis (75 percent), ethnic minority status (75 percent), and current substance abuse (40 percent). It also differed from most previous IPS trials because it did not recruit the sample through induction groups, which may tend to generate self-selected samples of people who are positively motivated to work.

Another analysis was performed on data from the RCT of IPS conducted in Washington, DC. This study is innovative in its attention to effect size, which is an important topic in studies of interventions where clinical significance and statistical significance may not always coincide. The authors explore the non-vocational outcomes—self-esteem, quality of life and psychiatric symptoms, of four groups of service users: those who did a substantial amount of competitive work, those who did sheltered work, those who did a minimal amount of competitive work and those who did none.

Findings

In the Hartford study, findings at two year follow-up showed that the IPS group were significantly more likely to obtain any paid work (75 percent) than those in standard care

(54 percent) or those in the PRC (34 percent) (Chi squared, 52.71 22.53 respectively, df 2, $p < .001$).

In the second study, it was found that the IPS sample were more likely than those using standard psychosocial rehabilitation to attain employment (47/113 v 12/106, $p < .0001$; and more likely to be in open work ($p < .001$). In either group, for those people who achieved employment, hours worked and wages did not differ significantly. Overall rates of employment were relatively low even for IPS (42 percent) and very low for the comparison group (11 percent) which possibly reflects low levels of motivation in the participants.

In the third analysis, people in competitive employment—over an 18 month period—had greater satisfaction with vocational services, finances and leisure activities when compared to the rest of the sample taken together. They also showed a greater improvement in self-esteem and psychiatric symptoms, none of which showed any improvement in people who did sheltered work or a minimal amount of open work. However, the ‘control’ group may have deteriorated through demoralization or discouragement arising from failed employment, making the cause of the difference ambiguous. Two further inferences may be made from the analysis. The findings indicate that it is continued employment, rather than temporary exposure to employment, that has positive effects. Bond et al. also demonstrate that, contrary to the assumption of many clinicians and careers, working does not appear to lead to deterioration in psychiatric symptoms.

Authors: Title and Publication Reference

Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A. F., Bell, M.D. & Blyler, C.R. (2001a). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52, 313-322.

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Program Name: Cognitive Behavioral Therapy (CBT)

Program Purpose

Cognitive Behavioral Therapy (CBT) is a psychotherapeutic approach which helps promote positive change in individuals, to help alleviate emotional distress, and to address a myriad of psycho/social/behavioral issues. Cognitive Behavioral therapists identify and treat difficulties arising from an individual's irrational thinking, misperceptions, dysfunctional thoughts, and faulty learning. Problems such as anxiety, depression, anger, guilt, low self esteem, adjustment difficulties, sleep disturbance, and post-traumatic stress are addressed. CBT's goals are to restructure one's thoughts, perceptions, and beliefs. Such restructuring facilitates behavioral and emotional change. During therapy, coping skills and abilities are assessed and further developed.

Program Description

The overall goal of CBT is to modify one's thoughts, beliefs, and perceptions, and to change one's usual pattern of behaving. Modifying the way in which you think can facilitate both emotional and behavioral change. Similarly, altering the way one acts can result in cognitive and emotional change. Essentially, clients need to feel more in control of their own lives. Cognitive therapists believe that one's perceptions of situations are important in the development of negative emotional states. They find that negative emotions are created when the individual interprets situations with a negative bias. For example, depressed patients may hold a negative view of themselves, the world, and the future, which may cause or aggravate depressed mood. With the help of their therapist, clients establish goals and use these goals to measure their own progress.

Delivery Modes

CBT can be conducted with individuals, families or groups.

Evaluation Description

These are actually two closely-related group therapy interventions, evaluated in separate studies, for youth who are at elevated risk of serious depression. CBT, as delivered in these interventions, teaches the subjects how to manage their thoughts and feelings so as to prevent depression. In both interventions, the therapy is provided by one to two specially-trained masters or doctoral level cognitive therapists to small groups of six to 12 youths. The therapy sessions are provided over the course of five to eight weeks, for a total of about 15 hours.

The first study utilized a randomized controlled trial of 94 teenagers between the ages of 13 to 18 who were at elevated risk of clinical depression because they had (1) moderate depressive symptoms, below the level of a major depressive disorder, and (2) at least one parent being treated for depression by a Health Maintenance Organization (HMO). The youths were randomly assigned to a group that received a group CBT

program or a control group that was permitted to initiate or continue the HMO's typical care. The CBT group could also access any other care provided by the HMO.

Another study consisted of a randomized controlled trial of 231 college freshmen identified as having an elevated risk of depression through a written survey and diagnostic interview. The freshmen were randomly assigned to a group that received group CBT during the first semester of their freshman year, or a control group that did not. Follow-ups with each study participant were completed over a three-year period.

Findings

Twenty-six months after the intervention's completion, the first study's results showed that individuals who received CBT were 36 percent less likely to be diagnosed as having experienced a major depressive episode during the past 26 months (21 percent of the cognitive behavioral therapy group had an episode vs. 33 percent of the control group). The individuals who received CBT also experienced a significant reduction in the number and frequency of depressive symptoms, though this effect disappeared at the 26-month follow-up. The different treatments had no significant effect on the incidence of non-affective disorders, such as substance abuse and eating disorders.

The other study's results showed that recipients of the CBT were 39 percent less likely to experience a moderate depressive episode (19 percent of the CBT group had such an episode vs. 31 percent of the control group). Moreover, the CBT group was 33 percent less likely to have been diagnosed with a moderate or severe anxiety disorder (14 percent vs. 21 percent). The effects did not diminish over the course of the three-year follow-up.

Cost-Benefit Findings

A cost-effectiveness comparison was conducted of drugs and psychotherapy in the treatment of unipolar depression. The analysis shows that over a two-year period, Fluoxetine (Prozac) alone may result in 33 percent higher costs than individual CBT treatment, and the combination treatment may result in 23 percent higher costs than CBT alone. Supplemental analysis shows that group CBT may only result in a two percent (\$596) cost savings as compared to individual treatment.

Authors: Title and Publication Reference

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Seligman, Martin E.P., Peter Schulman, Robert J. DeRubeis, and Steven D. Hollon. "The Prevention of Depression and Anxiety." *Prevention & Treatment*, Vol. 2 Article 8, 1999.

Antonuccio, D.O., Thomas, M., & Danton, W.G. (1997). A cost-effectiveness analysis of cognitive behavior therapy and Fluoxetine (Prozac) in the treatment of depression. *Behavior Therapy*, 28, 187-210.

Program Name: Save Our Streets (SOS)

Program Purpose

The Save Our Streets (SOS) program serves youth who have been taken into custody for weapons possession. The program combines law-related education (LRE) and conflict resolution training. The LRE component of SOS is designed to build conceptual and practical understanding of the law and legal processes, with an emphasis on gun legislation and public policy questions concerning weapons. The conflict resolution training builds skills in communication, problem solving, decision making, and negotiation.

Target Population

Youth taken into custody for weapons possession.

Program Description

SOS is designed to help youth develop a better understanding of the law and legal processes, with an emphasis on gun legislation and public policy questions concerning weapons. The program promotes the practice of resolving conflicts verbally, without resorting to violent, and the need to develop more favorable attitudes toward law-abiding behaviors. Finally, the program wants to encourage youth to make positive choices in response to conflict and confrontation. Youth who participate in the program are expected to demonstrate less involvement in delinquent behavior, reduced incidents of weapon possession, and fewer gun-related offenses.

Evaluation Description

For the pilot project that was implemented in the District of Columbia, records from the D.C.'s Superior Court, Social Services Division, Family Branch, were examined to determine the short-term impact of the SOS program on participants' returns to court.

Findings

A significantly smaller proportion of graduates were re-arrested for delinquent offenses and weapons-related charges than youth who never entered the program or attended fewer than three classes. In addition, when youth had meaningful exposure to the program there was a significant reduction in their rate of re-arrest. Youth who attended three or more classes had re-arrest rates that were one-third (33.6 percent) lower than those youth who did not enter the program or had limited exposure. Most importantly, youth who attended at least three classes had re-arrest rates for weapons-related charges that were more than ninety percent (93.5 percent) lower than youth who failed to attend at least three classes.

Authors: Title and Publication Reference

Save Our Streets Program. (n.d.). Retrieved December 7, 2006, from
<http://www.streetlaw.org/content.asp?contentid=198>

Program Name: Trauma-Adaptive Recovery Group Education and Therapy (TARGET)

Program Purpose

Developed at the University of Connecticut Trauma-Adaptive Recovery Group Education and Therapy (TARGET) is a strength-based, bio-psychosocial approach to teaching self-regulation skills to survivors of trauma and extreme stress. It teaches practical skills to enable trauma survivors to process current stressful experiences. The model acknowledges the role of the body's emergency alarm system in keeping the individual safe, but seeks to allow communication between body and mind to "turn off" this activation when it is not needed.

Target Population

Ages 10-18, with Post-Traumatic Stress Disorder or complex Post-Traumatic Stress Disorder in community or residential juvenile justice programs or in violence-affected school settings.

Program Description

Target promotes the idea that recovery from trauma is possible when a person is able to shift from living in "survival" mode to focusing on personal growth and effectiveness in intimate, family, friendship, and work relationships. Recovery is not based on getting through or becoming desensitized to trauma memories, but on having access to a support system and a way of making fully-informed life decisions that fundamentally shift a person's bodily processes and mindset from surviving trauma to personal growth and development. Recovery is unique for each gender and each individual, but always involves three basic changes that occur gradually. Isolation, betrayal, and abandonment gradually change to trust, mutuality and engagement within safe, reliable, and emotionally sustaining relationships. Terror, hyper vigilance, dissociation, and powerlessness gradually change to a realistic sense of personal effectiveness with a clear focus on immediate emotions, thoughts, and goals in each experience. Emotional numbing, spiritual alienation, and hopelessness gradually shift to involvement, self-esteem, faith, and hope as the person becomes able to recognize how she or he actually is living according to her/his true values and making a unique contribution to the safety and well-being of other people.

Evaluation Description

Outcome data are not yet available, but efforts are underway to measure changes in restraints, disciplinary problems and other outcomes of concern to staff and administrators, initially at the New Haven Detention Center and ultimately at all of the state detention centers.

Authors: Title and Publication Reference

Chapman, J.F., Ford, J., Albert, D., Hawke, J., and St. Juste, M.C. (2006, Spring). "The Target Approach." *Correct Care*, 4,4. Retrieved December 8, 2006, from http://www.ncchc.org/pubs/CC/trauma_services.html.

Program Name: Family Violence Education Program (FVEP)***Program Purpose***

The Family Violence Education Program (FVEP) is designed for first-time offenders of domestic violence. FVEP is a pre-trial diversion program available through criminal court for some defendants in family violence cases. This nine week program runs one night a week and provides education about and alternatives to family violence.

Target Population

First-time domestic violence offenders

Program Description

FVEP aims to assist offenders in understanding and taking responsibility for their acts of violence and abuse; help offenders make decisions to stop their abuse by looking at the damaging effects of their actions on their relationships, partners, children, and themselves; increase understanding that violent behavior stems from their desire to gain power and control over their partner's life; and provides practical information on how to stop abusive behavior by exploring non-controlling and non-manipulative ways of being in relationships.

Authors: Title and Publication Reference

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Norman-Eady, S. (2000). Family Violence Education Program Report. Hartford, Conn.: Office of Legislative Research. Retrieved December 16, 2006, from <http://www.cga.ct.gov/2000/rpt/olr/htm/2000-r-0458.htm>.

Program Name: Dialectical Behavior Therapy (DBT)

Program Purpose

DBT is a cognitive-behavioral treatment for individuals with complex and difficult to treat mental disorders. DBT was originally developed by Marsha Linehan at the University of Washington to treat chronically suicidal individuals but has since been adapted for clients who have difficulty regulating their emotions. DBT focuses on the following four objectives: (1) enhancing youth behavioral skills in dealing with difficult situations, (2) motivating youth to change dysfunctional behaviors, (3) ensuring the new skills are used in daily institutional life, and (4) training and consultation to improve the counselor's skills.

Program Description

Although DBT includes individual therapy and group skills training by counselors, it is primarily delivered through daily interactions between all unit staff and the youth. The key components of the program are as follows:

- All residents receive skills training in small groups. The emphasis is on skill acquisition, skill strengthening, and skill generalization. The training continues throughout the youth's stay.
- DBT's individual therapy focuses on behavioral analysis, skills coaching, cognitive modification, exposure-based procedures, and contingency management to change maladaptive behaviors.
- DBT orients families, parole counselors, and caseworkers to the new skills the resident has learned and demonstrates how to support and reinforce these new behaviors.
- DBT includes consultations where staff receive feedback to ensure they adhere to the DBT framework.

Evaluation Description

The Washington State Institute for Public Policy (Institute) was directed by the Legislature to consult with the Juvenile Rehabilitation Administration (JRA) on research-proven programs. In 1998, JRA initiated a pilot program using Dialectical Behavior Therapy (DBT) for resident juvenile offenders with mental health problems. In 2002, the Institute conducted a preliminary report of DBT using a 12-month follow-up period and found the program reduced felony recidivism. This report updates the recidivism analysis using a longer follow-up period.

The JRA program was implemented in phases. The first phase was at Copalis Cottage in 1998 and 1999. Copalis Cottage is a mental health unit within JRA's Echo Glen Children's Center located in eastern King County. DBT was fully implemented at the

cottage in 2000. The comparison group is constructed to compare recidivism rates of youth who participate in the program. Previously, youth were counted each time they transferred into Copalis Cottage during their stay at JRA. In this study, if youth have multiple transfers into Copalis Cottage, we count them only once per residential stay. The total stay must be at least 14 days to be counted. The DBT group consists of 63 youth who lived in the Cottage in 1998 and 1999. The comparison group consists of 65 youth who lived in Copalis Cottage three years prior to the start of DBT in 1998. Size of the sample is comparison group (N=65) and DBT Current DBT group (N=63).

Findings

Recidivism Findings

Recidivism is defined as any offense committed after release to the community that results in a Washington State conviction. This includes convictions in juvenile and adult court. Three types of recidivism are reported:

- Violent felony convictions;
- Felony convictions, including violent felonies; and
- Total recidivism, including felonies and violent felonies, in addition to misdemeanor convictions.

Multivariate regression analysis is used to account for differences between the two groups. This enables us to calculate recidivism rates adjusted for these differences to get a clearer picture of whether DBT affects the outcome: adjusted recidivism rates at 6-month intervals, from 6 to 36 months post-release, for all types of recidivism—felony, violent felony, and total. Adjusted recidivism rates are calculated for each follow-up period. Point estimates are cumulative, but are calculated independently for individual follow-up periods. At DBT's 18-month follow-up period, felony and violent felony recidivism dropped. This is due to a large effect size for the 18-month follow-up period, which drops the adjusted recidivism rate below the 12-month adjusted rate.

The DBT group recidivated at a lower rate than the comparison group in nearly every follow-up interval, but the differences are not statistically significant for any type of recidivism. A fourteen percent reduction in felony recidivism at the 36-month follow-up period. Youth in the DBT group have lower recidivism rates than the comparison group for all types of recidivism; however, these findings are not statistically significant. Although there are observed reductions in recidivism for DT participants, more conclusive results could be obtained with a larger sample size.

Authors: Title and Publication Reference

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R. Barnoski (2002). Preliminary findings for the Juvenile Rehabilitation Administration's dialectic behavioral therapy program (Document No. 02-07-1203). Olympia: Washington State Institute for Public Policy.

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R. Barnoski (1997). Standards for improving research effectiveness in adult and juvenile justice (Document No. 97- 12-1201). Olympia: Washington State Institute for Public Policy, pg. 2.

Program Name: Young Adult Services (YAS)

Program Purpose

The Young Adult Service (YAS) is a TIP-based specialty service within the Connecticut Mental Health Center that provides intensive psychiatric services to young adults whose psychosocial development has been disrupted by persistent psychiatric difficulty.

Target Population

Ages 18 to 24. Clients referred to YAS typically present with moderate to severe psychiatric disturbance characterized by affective disturbance, psychosis, severe or self-injurious behavior, substance abuse, negative self-image, unstable interpersonal relations, disturbance in psychosexual development, learning problems and other developmental difficulties. Clients typically have a history of psychiatric hospitalization, residential treatment, or out-of-home placement as a child, or they are at risk for recurrent psychiatric hospitalization as a young adult because of the recent onset of a primary psychotic or bipolar mood disorder.

Program Description

YAS provides developmentally informed, recovery-oriented services designed to promote normative development as much as possible in the context of whatever psychiatric difficulty the client might be experiencing. The service has a capacity of approximately 50 clients. Ten of the clients reside in a transitional living facility operated by a collaborating agency, while the others live in the community with family or friends, alone, or with a significant other. The principles of developmental psychopathology guide assessment and intervention of the target population, and the program utilizes an intensive, assertive, community-based approach to treatment that both targets problems and builds upon the strengths of clients, their families, and their community. A full range of clinical and case management services are offered by a mobile, interdisciplinary treatment team with expertise in the assessment and treatment of children, adolescents, and young adults. Treatment planning is individualized and comprehensive, and services are delivered at the clinic, at the transitional living facility, and in the community. All clients have more than one clinical contact weekly. Autonomous decision-making, vocational-educational intervention and preparation for independent living are important dimensions of all treatment plans.

Other Findings

There are several YAS catchment areas and corresponding programs, throughout Connecticut. At one specific location, a reported 25 individuals were discharged from the program during a three-year period between April 1, 2003, and March 30, 2006. Twenty-eight percent of participants dropped out of services or were incarcerated; four percent joined the Armed Forces; 36 percent obtained full-time employment; and 32 percent moved voluntarily to be closer to their family. While not a formal evaluation, the

statistics can serve as a snapshot and are possibly indicative of the state's ability to develop service options and promote recovery choices for a younger population.

Authors: Title and Publication Reference

Hermen, M. (2006). A Difficult Passage: Helping Youth with Mental Illness Transition into Adulthood. State Health Notes 27(466). Retrieved January 5, 2007, online from <http://www.ncsl.org/programs/health/shn/2006/id466.htm>.

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PROGRAMS DESIGNED FOR GENERAL POPULATION

Program Name: Big Brothers/Big Sisters

Program Purpose

The basic concept of the Big Brothers/Big Sisters (BB/BS) program is not to ameliorate specific problems, but to provide support in all aspects of young people's lives through a professionally supported one-to-one relationship with a caring adult.

Target Population

Ages 10-16.

Program Description

Big Brothers/Big Sisters is a federation of more than 500 agencies that serve children and adolescents. The program concentrates on children from single-parent households. Its most intricate component is that the volunteer mentor commits substantial time to the youth, meeting for about four hours, two to four times a month, for at least one year. During their time together, the mentor and youth engage in developmentally-appropriate activities that include walking; visiting a library; washing the car; playing catch; grocery shopping; watching television; attending a play, movie, school activity, or sporting event; or just hanging out and sharing thoughts. According to Grossman and Garry (1997), "Such activities enhance communication skills, develop relationship skills, and support positive decision-making."

Services Provided

Although individual agencies may customize their programs to fit specific needs, the integrity of the program is protected through a national infrastructure that oversees recruitment, screening, matching and supervision. The screening and matching process provides an opportunity to select adults who are most likely to be successful mentors and match them with adolescents who share a common belief system. Staff supervision and support are critical to ensuring that mentor and mentee meet regularly to build positive relationships.

Evaluation Description

Public/Private Ventures conducted an extensive 18-month evaluation of the BB/BS program (Tierney, Grossman, and Resch, 1995). The study used a classical experimental design to evaluate the program. Eight local BB/BS sites were chosen for the study, including Columbus, Ohio; Houston, Texas; Minneapolis, Minnesota; Philadelphia, Pennsylvania; Phoenix, Arizona; Rochester, New York; San Antonio, Texas; and Wichita, Kansas. The sites were chosen using two criteria: (1) a large caseload (to ensure an adequate number of youths for the sample) and (2) geographic diversity.

The adolescents in the study were randomly assigned to be immediately eligible for a mentor or put on a waiting list.

Study participants were between ages ten and 16. Slightly more than 60 percent were boys, and more than 50 percent were minorities. Moreover, many lived with one parent and were from low-income households with a history of family violence, substance abuse, or both.

Findings

The following findings were statistically significant. The researchers considered seven broad areas: (1) antisocial activities, (2) academic performance, (3) attitudes and behaviors, (4) relationships with family, (5) relationships with friends, (6) self-concept and (7) social and cultural enrichment. The researchers found that, compared with the control group, mentored youths:

- were 46 percent less likely than controls to initiate drug use;
- were 27 percent less likely to initiate alcohol use;
- were almost one third less likely to hit someone;
- skipped half as many school days;
- felt more competent at schoolwork and showed gains in grade point average; and
- displayed better relationships with their parents and peers.

Public–Private Ventures concluded that the research presents clear evidence that mentoring programs can create and support caring relationships between mentor and mentee resulting in positive benefits.

Authors: Title and Publication Reference

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McGill, D.E.; Sharon F. Mihalic; and J.K. Grotzinger. 1998. *Blueprints for Violence Prevention, Book 2: Big Brothers/ Big Sisters of America*. Boulder, Colo.: Center for the Study and Prevention of Violence.

Tierney, Joseph P., Jean Baldwin Grossman, and Nancy L. Resch. 1995. *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia, Pa.: Public/Private Ventures.

Program Name: Alcohol Misuse Prevention Study

Program Purpose

Alcohol Misuse and Prevention is a well-developed, curriculum-based program based on social learning theory.

Target Population

Ages 10-18.

Program Description

The curriculum emphasizes resistance training, knowledge of immediate effects of alcohol, identification of risks of alcohol misuse and recognition of social pressures to misuse alcohol. The program promotes fidelity of implementation by sending letters to teachers and providing them with self-evaluation tools. The program encourages caregiver participation by offering parental activities involving homework, presentations and letters sent home. Students learn through role-playing and guided problem-solving and decision-making exercises about alcohol use and misuse.

Evaluation Description

In one study measuring the effectiveness of the program in preventing alcohol misuse in middle school students, a longitudinal design with random assignment to condition was employed. Thirty-five elementary and middle schools in Southeast Michigan were matched on achievement test scores, free and reduced lunch and ethnicity of sixth grade students and then were randomly assigned to treatment or control conditions. Sixth graders were pre-tested in the autumn and post-tested in the spring of sixth, seventh and eighth grades. The curriculum was implemented in treatment schools during the winter of students' sixth, seventh, and eighth grades. The final sample consisted of 1,725 students (885 control, 840 treatment; 52 percent female). Measures concentrated on awareness of curriculum content, alcohol use, and alcohol misuse. At pre-test, 72.6 percent were considered "abstainers," 19.2 percent reported supervised alcohol use only, and 8.2 percent reported unsupervised use. No significant differences between treatment and control groups were found at pre-test.

Findings

Program Effectiveness

In the study analyzing the effects of the program on middle school students, results indicated that across all post-tests the treatment group had higher curriculum knowledge than the control group. While alcohol use increased significantly over time for all groups, the rate of alcohol misuse increased significantly less for participants than for the controls. Authors of the study suggest that the curriculum may have been more effective for the students with prior unsupervised alcohol use because those students

had more reason to find the material relevant and more experience on which to base their questions and learning. Attrition data was analyzed, resulting in a trend toward more alcohol use and misuse in those lost to analysis.

Alcohol Prevention Curriculum

In another study, the alcohol misuse prevention curriculum was implemented and evaluated for tenth grade students with follow-up through 12th grade. Students from four school districts (n = 1,041) participated in the study. There were desirable program effects on alcohol misuse prevention knowledge, alcohol misuse and refusal skills. Boys' rates increased more than girls' rates regarding alcohol use, alcohol misuse and driving after drinking. Exposure to a sixth grade and a 10th grade program did not result in better outcomes. Authors noted that despite high levels of alcohol use among high school students, a tenth grade curriculum can result in some desirable effects.

Program Effectiveness on Student Driving Performance

In a further study of the effects of the program on students' subsequent driving, 4,635 tenth grade students were randomly assigned to the program or control condition. During the first year after receiving their driver's license, program students were involved in fewer serious traffic or drug offenses compared with control students. The effects of the program were stronger for those students who at baseline reported drinking less than one drink a week or whose parents did not disapprove of alcohol use. Effects were not sustained, however, indicating the need for subsequent booster sessions.

Authors: Title and Publication Reference

Drug Strategies. 1999. Making the Grade: A Guide to School Drug Prevention Programs—Preventing Alcohol, Tobacco, and Other Drug Use. Washington, DC.

Shope, Jean T., L.A. Copeland, R. Maharg, and T.E. Dielman. 1996. "Effectiveness of a High School Alcohol Misuse Prevention Program." *Alcoholism: Clinical and Experimental Research* 20:791–98.

Shope, Jean T., Michael R. Elliott, Trivellore E. Raghunathan, and Patricia F. Waller. 2001. "Long-Term Follow-Up of a High School Misuse Prevention Program's Effect on Students' Subsequent Driving." *Alcoholism: Clinical and Experimental Research* 25:403–10.

Shope, Jean T., Deborah D. Kloska, T.E. Dielman, and R. Maharg. 1994. "Longitudinal Evaluation of an Enhanced Alcohol Misuse Prevention Study Curriculum for Grades 6–8." *Journal of School Health* 64. Retrieved from http://global.factiva.com.proxygw.wrlc.org/en/arch/print_results.asp on June 29, 2005.

Program Name: Boys and Girls Club Gang Prevention through Targeted Outreach

Program Purpose

The overall philosophy of the program is to give at-risk youths what they seek through gang membership (supportive adults, challenging activities and a place to belong) in an alternative, socially positive format.

Target Population

Ages 6-18.

Program Description

There are four components of the initiatives as stated by the Boys and Girls Clubs of America (BGCA): (1) community mobilization of resources to combat the community gang problem; (2) recruitment of 50 youths at risk of gang involvement (prevention) or 35 youths already involved in gangs (intervention) through outreach and referrals; (3) promoting positive developmental experiences for these youths by developing interest-based programs that also address the youths' specific needs through programming and mainstreaming of youths into the Clubs; and (4) providing individualized case management across four areas (law enforcement/juvenile justice, school, family and Club) to target youths to decrease gang-related behaviors and contact with the juvenile justice system and to increase the likelihood that they will attend school and improve academically.

Evaluation Description

The evaluation included 21 Boys and Girls Clubs that used the prevention approach and three Clubs that used the intervention approach. BGCA selected the sites through a competitive process in summer 1997. All of the prevention Clubs began using Gang Prevention through Targeted Outreach (GPTTO) either simultaneous with the start of the evaluation or one year beforehand. The intervention Clubs developed their projects between one and three years before the start of the evaluation. The study included 932 prevention youths and 104 intervention youths who were recruited to each Club/project over a ten-month period. The target youth survey sub-sample consisted of 236 prevention and 66 intervention youths. Given the complexity of the Gang Intervention through Targeted Outreach and GPTTO models, the evaluation used multiple methods for gathering information, including a review of case management records, questionnaires and interviews and focus groups with program youths and Club directors.

Findings

The evaluation concluded that more frequent GPTTO Club attendance is associated with the following positive outcomes: (1) delayed onset of one gang behavior (less likely to start wearing gang colors); (2) less contact with the juvenile justice system (less likely to be sent away by the court); (3) fewer delinquent behaviors (less likely to steal and

less likely to start smoking pot); (4) improved school outcomes (higher grades and greater valuing of doing well in school); and (5) more positive social relationships and productive use of out-of-school time (engaging in more positive after-school activities and increased levels of positive peer and family relationships).

Authors: Title and Publication Reference

Arbreton, Amy J.A., and Wendy S. McClanahan. 2002. Targeted Outreach: Boys and Girls Clubs of America's Approach to Gang Prevention and Intervention. Philadelphia, Pa.: Public/Private Ventures.

Program Name: Get Real About Violence (GRAV)

Program Purpose

Get Real about Violence (GRAV) is a research-based prevention program that addresses a wide range of violent behavior in students from kindergarten through 12th grade—from bullying and verbal aggression at early grades through fighting and social exclusion at middle grades to relationship abuse and assaults that can occur in later grades.

Target Population

Ages 5-18.

Program Description

Based on the Theory of Reasoned Action (TRA), the GRAV program encourages students to identify alternative attitudes and norms that would lead to a violent-free outcome. According to the TRA, the best determinant of behavior is a joint function involving behavioral intention, a person's attitude toward performing the behavior and subjective norms. The GRAV curriculum, therefore, uses instructional tools, activities and scenarios designed to decrease students' positive attitudes toward violence and to increase negative attitudes toward violent behavior, while also establishing anti-violent norms in response to verbal, physical, or emotional cues.

The GRAV curriculum consists of 12 multimedia lessons divided into three modules:

- *Vulnerability to Violence*—including (a) “No Big Deal,” (b) “Shooting in Three Parts,” and (c) “A Commitment to Nonviolence;”
- *Contributors to Violence* —including (a) “Influences All Around,” (b) “Violence Is Encouraged by People Like Us,” and (c) “Guidelines for Nonviolence;” and
- *Alternatives to Violence* —including (a) “Nonviolent Acts,” (b) “It’s About Us Too,” (c) “The Refusal Skill,” (d) “The Refusal Skill for Self-Control,” (e) “The Conflict Resolution Skill,” and (f) “Transfer.”

Most of the lessons should be taught during a single class period, although a few were designed to take two periods.

Evaluation Description

The GRAV curriculum has undergone two independent evaluations. The first evaluated the program on seventh grade students and the second was on students in the ninth through 12th grades.

The seventh grade evaluation used a pre-test–post-test nonequivalent comparison group design. Two moderately sized, public junior high schools in a Midwestern city were chosen as test sites, one as a treatment school (n=168) and the other as a control

school (n=125). The participants for the treatment and control schools were demographically similar. All students were ages 12 to 14. Most of the participants from both schools were African-American, and roughly 50 percent of the participants were female. Seventh graders were tested before program implementation and then six weeks and three months after implementation. Participants were given a confidential questionnaire to assess four primary behaviors: watching a fight, telling friends about a fight that is going to happen, verbal aggression and fighting.

The second evaluation, involving the ninth through 12th grade curriculum, used a post-test-only nonequivalent comparison group design. The participants all attended the same rural Midwestern high school. The two groups differed in size and composition. The treatment group had 198 participants and the control group had 160 participants. Data was collected using the School Safety Survey. The dependent variables included witnessing relational aggression, witnessing physical aggression, perceptions of adult norms, perceptions of peer norms, behavioral intent as a bystander and behavioral intent as a victim.

Findings

The evaluation for the seventh graders suggests that from pre-test to the initial post-test the experimental group improved on a greater number of items and digressed on fewer items than the control group during each time period. The experimental group was significantly less likely than the control group to act verbally aggressive toward another person and was more likely to think that being verbally aggressive would cause someone else harm. Experimental group participants indicated they were less likely to watch a fight or spread rumors about a fight that was going to happen, were more likely to believe that getting into a fight would hurt their own family and more likely to believe that if someone tried to start a fight with them they would try to avoid it.

The evaluation of the high school curriculum showed that the two groups did not differ in the amount of relational or physical aggression witnessed. This suggests that both groups experienced similar school environments. The treatment group was significantly more likely to view adults as reacting positively if a student was to report an aggressive act. The control group was more likely to perceive adults as making it worse for the student. There were no significant differences between the two groups on the scales measuring peer norms. Both groups reported that peers would be skeptical of going to an adult for help. Students in the treatment group were more likely to choose pro-social responses as a witness to or victim of violence; they were more likely to try to help a victim of a fight, less likely to join in a fight, and less likely to retaliate to aggression with aggression.

Authors: Title and Publication Reference

Baseline Research, LLC. 2000. Get Real About Violence: Curriculum Evaluation Final Report. Milwaukee, Wis.

EDUCATIONAL AND VOCATIONAL SUPPORT PROGRAMS

Program Name: Community Restitution and Apprenticeship Focused Training Project (Project CRAFT)

Program Purpose

Project CRAFT offers pre-apprenticeship training and job placement in the home building industry and related occupations for adjudicated youth referred to the program by their State departments of juvenile justice. The program combines career training, support services (employability training, social skills training, case management) and community service activities sponsored by the construction industry. Project CRAFT can be used as an intervention program that can be implemented in residential juvenile correctional facilities or it can operate as a community-based program for youth in aftercare or under day treatment supervision. The program aims to provide hands-on community service training projects that teach industry-related skills and reinforce worker skills and positive attitudes and behaviors. As a result, youth obtain social, personal and vocational skills and employment opportunities to help them achieve economic success and avoid involvement in criminal activity.

Target Population

High-risk youth and juvenile offenders who are in residential juvenile correctional facilities, in aftercare supervision, or under day treatment supervision.

Program Description

While sponsored by the Home Builders Institute (HBI), the program also represents a partnership and coordination of efforts among juvenile correctional facilities, juvenile judges, juvenile justice system personnel and educational agencies. Project CRAFT includes ten components: outreach and recruitment; assessment and screening; individualized development plans; case management services; industry-validated, trades-related training; building industry-related academics; community service; academic preparation and substance abuse treatment; employability and life skills training; and community transition and long-term follow-up.

Project CRAFT localizes the program to the community. In addition to receiving educational credits through a partnership with local school districts, the program also develops partnerships and relationships with community-based organizations, community development organizations, housing authorities, developers, housing agencies, Habitat for Humanity, local governments, historical societies and other organizations. These partnerships assist youth reintegrate into the community and provide the community with an influx of new skilled workers and volunteers. Local builders make presentations to program participations about working in the industry and often hire persons who complete

the Project CRAFT program. Individuals enrolled in the program also become involved in community projects and take field trips into the community.

Delivery Modes

Project CRAFT must be delivered in unison as it requires the integrated involvement of several agencies. Project CRAFT staff might provide vocational training, but personnel from other partnering organizations provide case management, substance abuse treatment, or other services. Access to community aftercare services are also necessary to ensure that the at-risk youth make a successful transition back into their communities.

Evaluation Description

Project CRAFT was independently evaluated over a four-year period using a one-group, post-test, quasi-experimental design. The evaluation was designed to produce descriptive, qualitative, quantitative and comparative data on project interventions. It was examined across four dimensions: implementation, process, outcome, and aftercare. The evaluation collected data from participant profiles, site visits, follow-up documents, administration surveys, quarterly reports and interviews with project staff.

Findings

The evaluation reveals that HBI operated an extremely effective demonstration project, which included a three-month start-up period, three-year implementation period, and nine-month period of follow-up and aftercare services. The project was characterized by high-quality vocational skills training, case management, placement and aftercare services generated through partnerships with private juvenile and correctional facilities, juvenile judges, juvenile justice system personnel, parole and probation officers, sheriff's departments and other public safety agencies. Specifically, the evaluation found a low rate of recidivism for Project CRAFT graduates. Of the 149 participants in the three national demonstration sites, 39 youth (26 percent) were convicted of new crimes after training completion, release, or placement. This rate is lower than national-level data, which ranges between 70 and 80 percent. Moreover, of the 39 participants who recidivated, 23 (59 percent) recidivated within the 1st year of release. The evaluation also revealed an improvement in program performance over time. Year one participants sustained the highest recidivism rates, followed by year two and year three, respectively. The recidivism rate for year one was 15 percent. The percentage declined to 10 percent for year two and one percent for year three. Additionally, 94 of the 140 total program graduates (67 percent) were placed in jobs in the home building industry.

Other Findings

Project CRAFT was started in three demonstration sites by HBI in 1994 via a grant from the U.S. Department of Labor, and the program has been replicated in at least five sites in Florida with funding from the Florida Department of Juvenile Justice and in Texas with support from the Texas Youth Commission.

Authors: Title and Publication Reference

Resource Development Group. 1999. Project CRAFT: Community Restitution and Apprenticeship Focused Training, Final Report. Washington, DC: U.S. Department of Labor, Employment and Training Administration.

Program Name: Court Employment Project (CEP)

Program Purpose

The Court Employment Project (CEP) is non-residential alternative-to-incarceration program for young felony offenders. The model combines a strengths-based, youth development approach with accountability to the courts. The program promotes youth development by emphasizing skills and abilities rather than focusing on deficiencies, and it helps participants set high expectations for their own educational, vocational and social development. CEP engages judges, probation officers, defense attorneys and prosecutors.

Target Population

First-time felony offenders, ages 13-20, who preferably maintain a stable living situation.

Program Description

Ideally, CEP works with participants referred by both the Supreme and Family Courts, and court representatives accept referrals from judges, probation officers, defense attorneys and prosecutors. Court representatives then screen potential participants for eligibility on a case-by-case basis.

Once enrolled in the program, participants are offered a variety of programs in a structured environment. They set their own goals to engage in constructive activities, while staff structures each participant's daily schedule and monitors their progress toward their goals. All participants meet individually with case coordinators, participate in educational classes, submit to random drug testing and have access to a wide range of services. Specific CEP programs consist of art, education, health and well-being and outdoor activities. Additionally, CEP maintains two employment programs—the Career Exploration Program and the Youthful Enterprise Project. Participants attend CEP Monday through Friday in their first month. The Center for Alternative Sentencing and Employment Services (CASES), which developed CEP, maintains a court representative who writes and submits reports to the sentencing judge for each child's court appearances. Judges are informed immediately in cases of non-compliance.

Delivery Modes

Offenders between the ages of 16 and 20 at the time of the committed offense are referred for a six-month program of intensive supervision and services. Offenders between the ages of 13 and 15 at the time of the committed offense are referred for a 12-month program, with an emphasis on educational support. In New York City, where the program is based, those who complete the program usually receive a sentence of five years probation, of which they are likely to serve three years.

Evaluation Description

To assess program CEP's impact on recidivism, CASES tracked a sample of 118 youth who graduated from CEP between September 2001 and February 2002.

Findings

The evaluation revealed that within two years of graduation, 80 percent of CEP graduates had no new criminal convictions. While each participant had committed at least one felony offense prior to entering the program, only 12 percent were convicted on a felony charge after completing CEP. In addition, while 57 percent of participants entered CEP on charges of violence, only four percent were re-convicted for violent crimes, as the vast majority of re-convictions were for property and drug offenses.

The analysis did not include the use of a comparison or control group. However, according to the Correctional Association of New York, among 16 to 18 year olds in New York City who are arrested and sent to city jail, 70 percent will return within a year of their release (Correctional Association of New York, 2002). A 1996 study of New York City youth ages 15 to 16 charged with robbery found that 76 percent were re-arrested and 56 percent were re-incarcerated within a two-year period (Fagan, 1996). In 1999, the New York State Division of Criminal Justice Services studied youth sentences to the custody of the New York State Office of Children and Family Services and found that 75 percent were re-arrested and 62 percent re-convicted within three years of their release (Frederick, 1999). When contrasted with the success of CEP's graduates, the outcomes presented in these studies strongly indicate the comparative benefits of CEP.

Cost-Benefit Findings

In 2002, the National Criminal Justice Reference Service (NCJRS) reported that for each CEP graduate, the city and State save between \$5,000.00 and \$48,000.00 in correctional costs.

Authors: Title and Publication Reference

Correctional Association of New York. (2002). Juvenile Detention in New York City Fact Sheet. Retrieved December 7, 2008, from http://www.correctionalassociation.org/JJP_Juvenile_Detention_factsheet.htm#ftn10.

Fagan, J. (1996). The Comparative Advantage of Juvenile versus Criminal Court Sanctions on Recidivism among Adolescent Felony Offenders. *Law and Policy* (18), 77-112.

Frederick, B. (1999). Factors Contributing to Recidivism Among Youth Placed with the New York State Division for Youth. DCJS, Bureau of Research and Evaluation.

Program Name: A New Day***Program Purpose***

A New Day serves both adjudicated and non-adjudicated middle and high school students who are in some way already involved in the social service system. The goals of the program are to improve academic achievement, increase work skills and reduce criminal activity. Based in North Carolina's Durham County, A New Day addresses the issue of high drop-out rates and failure rates among middle and high school students.

Target Population

Court-involved middle school and high school students.

Program Description

The overall philosophy of A New Day is to build relationships with youth that develop their trust and confidence through holistic programming. The program accomplishes this with a multi-faceted approach as the program actually constitutes a series of sub-programs.

The students in the Academic Instruction Program include short-term suspended students, long-term suspended students and other court-involved youth who have been referred to A New Day by the juvenile justice system. The Saturday Workforce Development Program helps high school age youth learn on-site job skills through community service projects and role-playing social skills. Students also practice job interviewing. Parents are also encouraged to participate in the program by sharing their own work experiences with the youth. The Substance Abuse Treatment and Parent and Youth Counseling programs offer youth and their families education about and counseling for major issues facing youth, particularly substance abuse and gang activity.

Delivery Modes

A New Day is delivered in a school setting.

Evaluation Description

The data collection strategies for a program evaluation involved an initial site visit in 2002, which allowed researchers to conduct interviews with executive program staff, take a guided tour through the actual day-to-day operations of the program and collect initial secondary data that documented the origin, structure, operations and effects of the program. In 2003, four additional site visits took place, each lasting from one to two days depending upon data collection needs and scheduling. Evaluators used a standardized instrument to interview select staff, directors and youth participating in the program. Evaluators followed up with these youth during subsequent site visits. The evaluation analyzed interview data and field notes produced from the site visits to provide an understanding of the structure and culture of the program, the day-to-day

operations and the perceptions regarding program challenges. Ultimately, the evaluation emphasizes both the qualitative and quantitative portraits of the program via evidence of its measurable effectiveness.

Findings

A New Day served a total of 176 youth between 2000 and 2004. Out of the 176 youth served, 69 percent of the youth were successful in completing the program, seven percent did not participate, eight percent were removed by court action, two percent were runaways, and 14 percent were “other.” Fifty-two percent of the youth had no new problems with the court system, while 16 percent had new delinquency petitions, 27 percent had new undisciplined petitions, and five percent had motions for violation of their court order. In their home setting, 70 percent of the youth had reduced problems, 18 percent had unchanged home progress and six percent had intensified problems at home. At school, 75 percent of the youth had reduced problems 18 percent had unchanged school progress and five percent had intensified problems at school. Upon program completion or termination, 81 percent of the youth went home, three percent went to foster care, six percent went to a group home, one percent went to youth detention and nine percent were sent to an “other” setting. The program’s cost per youth fluctuated over the time period with a current estimate of \$6,585.00.

Authors: Title and Publication Reference

Fraser, J.C. (2004). Juvenile Structural Day and Alternative Learning Programs: Impact and Process Study. University of North Carolina at Chapel Hill: Center for Urban and Regional Studies.

Program Name: The Intercept Juvenile Structured Day Program

Program Purpose

Based out of Wilmington, North Carolina, the Intercept Juvenile Structured Day Program was created out of a recognized county-wide need to develop a community-based alternative to placing youth in development centers across the state. The program began providing services in 2002, after a program director was recruited and had developed an initial program plan. The program provides an alternative to residential programs for managing adjudicated youth at a lesser cost for local communities and the state.

Target Population

Ages 12-18, who are showing signs of moving toward becoming involved in the juvenile justice system; youth who have been suspended from their home school; and youth who have been adjudicated in the juvenile justice system. The program has specifically emphasized adjudicated youth, because many of the initial funding streams came from agencies focused on that population.

Program Description

The goals of the Intercept Juvenile Structured Day Program are to improve focus on two primary aspects of youth development: cognitive and behavioral improvement. The program addresses these developmental aspects through an intensive intake procedure where youth are tested on a battery of items related to these areas, a multifaceted set of program activities that range from traditional academic instruction following the state's Department of Public Instruction's curriculum, to the provision of behavioral modification strategies. Specific program components include academic instruction, art therapy, culinary arts, building trades, parent and youth counseling, safe crisis management and health care through an on-site clinic. A staff of 17 operates the program, which maintains a goal of serving approximately 40 at-risk youth at a time.

Evaluation Description

The data collection strategies for a program evaluation involved an initial site visit in 2002, which allowed researchers to conduct interviews with executive program staff, take a guided tour through the actual day-to-day operations of the program and collect initial secondary data that documented the origin, structure, operations and effects of the program. In 2003, four additional site visits took place, each lasting from one to two days depending upon data collection needs and scheduling. Evaluators used a standardized instrument to interview select staff, directors, and youth participating in the program. Evaluators followed up with these youth during subsequent site visits. The evaluation analyzed interview data and field notes produced from the site visits to provide an understanding of the structure and culture of the program, the day-to-day operations, and the perceptions regarding program challenges. Ultimately, the

evaluation emphasizes both the qualitative and quantitative portraits of the program via evidence of its measurable effectiveness.

Findings

The Intercept Juvenile Structured Day Program served a total of 141 youth between 2002 and 2004. During this time period, 13 percent of the youth were successful in completing the program, 34 percent did not participate, 34 percent were removed by family, 16 percent were removed by court action, one percent were runaways and two percent were “other.” Moreover, 24 percent of the youth had no new problems with the court system, whereas 21 percent had new delinquency petitions, 20 percent had new undisciplined petitions and 35 percent had motions for violation of their court order. In their home setting, 15 percent of the youth had reduced problems, 35 percent had unchanged home progress and 15 percent had intensified problems at home. In school, 23 percent of the youth had reduced problems, 33 percent had unchanged school progress and ten percent had intensified problems at school. The reported program completion and termination data show that 12 percent of the youth were returned home, while 33 percent went to foster care, two percent went to a group home, 40 percent went to youth detention or secure custody and 13 percent were in “other” placement settings. While the cost per youth at the Intercept Juvenile Structured Day Program fluctuated over the time period, the calculations from reported data show an average of approximately \$22,000.00.

Authors: Title and Publication Reference

Fraser, J.C. (2004). Juvenile Structural Day and Alternative Learning Programs: Impact and Process Study. University of North Carolina at Chapel Hill: Center for Urban and Regional Studies.

Program Name: The Re-education, Intervention, & Skills Enhancement (RISE) Program

Program Purpose

The Re-education, Intervention, and Skills Enhancement (RISE) Program is a day reporting and treatment center for juvenile offenders based in Charlotte, North Carolina. The county's Sheriff's Office developed RISE as a cooperative community project in response to priorities identified by the county's Juvenile Crime Prevention Council. The juvenile justice system, the courts and the community indicated the need to address the issue of adjudicated juveniles who have been expelled or face long term suspension from public school.

Target Population

Ages 12-18, who are showing signs of moving toward becoming involved in the juvenile justice system; youth who have been suspended from their home school; and youth who have been adjudicated in the juvenile justice system. The program has specifically emphasized adjudicated youth, because many of the initial funding streams came from agencies focused on that population.

Program Description

RISE provides educational, behavioral, vocational and overall youth development in a highly structured environment. Youth attend the RISE program five days a week, 12 hours a day, from 8 a.m. until 8:00 p.m. Transportation to and from the program is provided through local transit and a program van. The intense daily program schedule includes computer-based academic instruction, hands-on pre-vocational training, community service work projects, group counseling, substance abuse education and counseling, tutoring and homework, daily chores and the provision of three full meals. In addition, weekend assignments and accountability are incorporated into the program design.

RISE staff employs a strong behavior management system and has two deputy sheriffs on hand. In addition, the program's on-site staff includes a program director, two special education teachers, one case coordinator, one vocational/volunteer coordinator, an office assistant and a part-time substance abuse counselor provided by the county's local Mental Health and Community Services unit.

RISE strongly encourages family members to take an active role in their child's attendance, academic program, behavioral progress and community service involvement. Family participation is court-ordered during the initial intake and orientation phase, and the family's continued participation is encouraged in the development of the juvenile's individual treatment and educational plans. Each youth's length of stay depends on overall progress toward specific goals. The average length of stay is from six to nine months. When youth successfully complete the program, they are transitioned back into the local public school system.

Evaluation Description

The data collection strategies for a program evaluation involved an initial site visit in 2002, which allowed researchers to conduct interviews with executive program staff, take a guided tour through the actual day-to-day operations of the program, and collect initial secondary data that documented the origin, structure, operations and effects of the program. In 2003, four additional site visits took place, each lasting from one to two days depending upon data collection needs and scheduling. Evaluators used a standardized instrument to interview select staff, directors, and youth participating in the program. Evaluators followed up with these youth during subsequent site visits. The evaluation analyzed interview data and field notes produced from the site visits to provide an understanding of the structure and culture of the program, the day-to-day operations, and the perceptions regarding program challenges. Ultimately, the evaluation emphasizes both the qualitative and quantitative portraits of the program via evidence of its measurable effectiveness.

Findings

RISE served a total of 113 youth between 2000 and 2004. During this time period, only 11 percent of the youth were successful in completing the program, 29 percent did not participate, 17 percent were removed by court action, 30 percent were runaways and 13 percent were “other.” Twenty percent of the youth had no new problems with the court system, while 40 percent had new delinquency petitions, 25 percent had new undisciplined petitions and 15 percent had motions for violation of their court order. In their home setting, 15 percent of the youth had reduced problems, 55 percent had unchanged home progress and six percent had intensified problems at home. In school, 13 percent of the youth had reduced problems, 61 percent had unchanged school progress and 11 percent had intensified problems at school. The reported completion and termination data revealed that 28 percent of the youth went home, while three percent went to foster care, one percent went to a group home, 52 percent went to youth detention, nine percent were in an “other” placement setting and seven percent were unknown. The cost per youth in RISE fluctuated over the time period with a low of \$12,578.00, to a high of \$24,448.00.

Authors: Title and Publication Reference

Fraser, J.C. (2004). Juvenile Structural Day and Alternative Learning Programs: Impact and Process Study. University of North Carolina at Chapel Hill: Center for Urban and Regional Studies.

Program Name: School-Based Probation Officers Program

Program Purpose

The purpose of the School-Based Probation Officers program is to provide more direct and immediate supervision of students who are on probation than is typically possible, by having probation officers housed and working directly in the schools.

Target Population

Students who have been in trouble with the law and who are under court supervision.

Program Description

The School-Based Probation Officers program attempts to provide more intense supervision of students who are on probation in an effort to achieve improved outcomes for these students, by housing probation officers in the schools. As with the School Resource Officer program, each School-Based Probation Officer is a sworn law enforcement officer, and is expected to continue to function as a typical probation officer by conducting all of the normal duties of a probation officer in the community. In larger school systems, the officer's caseload may be made up entirely of youth within one or more schools in that system. In smaller systems, this officer may serve some youth or adults who are not in school, as well as youth in the school program site. School probation officers vary somewhat in their responsibilities, but their primary goal is to have all of the youth on probation meet all probation goals and requirements stipulated by the court. This will also have the effect of decreasing recidivism and reducing youth crime.

Probation officers supervising youth, who might otherwise have contact with the youth they supervise only once or twice a month, are brought into the school environment. These officers have offices in the schools and attempt to provide much more continuous contact with youth on probation while they are in school. Probation officers can meet with their probationers during school hours, as well as before and after school. This may result in almost daily informal contact with probationers, as well as much more frequent formal consultations. It permits the officer to check attendance, discipline records and other information about students on probation on a daily basis, as well as to check with teachers regarding academic progress. It also permits the probation officer to develop a more substantial personal relationship with the youth, resulting in improved communication and understanding.

The probation officer may also serve in some other limited capacities within the school such as assisting to monitor halls and lunchrooms, speaking in classes, etc., which will permit the officer to get to know the school, students, and staff. The officer may also assist with emergency or crisis situations in school.

Evaluation Description

Although school-based probation is not a thoroughly tested program, preliminary research suggests that it has a favorable impact on school attendance and day-to-day school conduct of probationers (Clouser, 1995; Griffin, 1999). Absenteeism and dropping out, as well as detentions and suspension among probationers were all decreased where the program was in place. The close supervision that can be provided by someone on-site means that the probation officer almost immediately knows of absences or discipline problems among students on probation. Some studies have also shown improved academic performance for the probationers (Clouser, 1995).

A related benefit of School-Based Probation may be a reduction of school crime, since the presence of a probation officer in the schools may serve as a crime deterrent. School-based probation may also benefit other students by allowing probation officers to have routine contact with youth in various roles as mentors, classroom speakers, role models, and cautionary advisors.

Authors: Title and Publication Reference

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Program Name: JOBSTART***Program Purpose***

JOBSTART was designed to improve educational, employment, and various other outcomes in high school dropouts (17 to 21) with poor reading skills.

Target population

Economically disadvantaged high school dropouts with poor reading skills, ages 17 to 21.

Program Description

The program provided basic educational skills, hands-on job training, work placement assistance, and support services (e.g., childcare, counseling, transportation aid, mentoring/tutoring, work- and life-skills training). The JOBSTART program was funded through the Job Training Partnership Act of 1982 (JTPA). JOBSTART targeted high school dropouts with poor reading skills, ages 17 to 21, and provided them with basic educational skills, hands-on job training, work placement assistance, and support services. The program offered support services such as childcare, counseling, transportation aid, and work- and life-skills training. JOBSTART was aimed at increasing educational attainment, increasing employment and earnings, and improving other outcomes.

Delivery Modes

JobStart is designed to provide participants with a portfolio of skills related to seeking and retaining a job. Participants learn the importance of developing a positive attitude towards work, as well as the specifics of developing and implementing job search strategies. Other information essential to participants success in the workforce such as knowledge of potential employers, the availability of childcare services, and local transportation networks also form an integral part of the training.

JobStart consists of the following components:

Basic education is offered by site staff for a minimum of 200 hours. Actual participation will vary by site and by individual level of competency. The basic education also provides computer skills, readings, communication, and basic computation skills.

Occupational skills training is offered by site staff for a minimum of 500 hours. The actual participation will vary by site and individual classroom setting. These include combined theory and hands-on experience; prepares enrollees for jobs in high-demand occupations; developed with assistance from private sector to ensure that graduates would meet the entry-level requirements of local employers.

Training-related support services is offered by site staff and tailored to individual needs. This includes providing transportation and childcare and some combination of work-readiness and life skills training, personal and vocational counseling, mentoring, tutorial assistance, and referral to external support systems. Need-based payments or incentive payments is tied to length of stay, program attendance, or participant's performance. Site staff and subcontractors offer Job development and placement assistance.

Evaluation Description

The first study (Cave, G. et al (1991) assessed the effectiveness of the program by randomly assigned 1,839 out of 2,312 youths who had 24-month follow-up data (949 in the experimental group, 890 in the control group). Program staff fills out JOBSTART enrollment form. The form includes monthly report of participation in JOBSTART activities; tests of Adult Basic Education; 12- and 24-month follow-up surveys of sample designed to measure impacts of amount of education and training received, employment and earnings, and other outcomes; qualitative descriptions of the program and participants' experiences.

In the second study ,1,941 out of 2,312 youths who had 48-month follow-up data (988 in the experimental group, 953 in the control group) were randomly assigned. Program staff fills out JOBSTART enrollment form. The form includes monthly report of participation in JOBSTART activities; tests of Adult Basic Education; 12-, 24-, and 48-month follow-up surveys designed to measure impacts of amount of education and training received, employment and earnings, and other outcomes; qualitative descriptions of the program and participants' experiences.

Findings

The first evaluation results showed that about 89 percent of the youth assigned to the experimental group actually participated in JOBSTART. Four factors influenced the percentage who participated: length of intake (youth dropped out when the intake period was long); "open entry, open exit" vs. fixed-cycle scheduling (youth assigned to fixed-cycle sites might face delays in program startup, resulting in lower participation rates); start-up or scheduling problems (such difficulties result in lower participation rates); and differences in sites' attendance reporting.

1. First study evaluation results:

Educational outcome: Thirty-three percent of the experimental vs. seventeen percent of the control group received a GED or high school diploma. This is a significant difference.

Employment: more youth in the control group than in the experimental group worked during the first year of follow-up. The difference is not significant in the second year of follow-up. Among women living with their own children at the time of random

assignment, a higher percentage of participants than controls worked in each of the two years, with the second year showing a somewhat larger impact on employment rate. Participants' earnings were significantly below those of controls in years 1 and 2.

Other findings: During the first 24 months of follow-up, JOBSTART had no statistically significant impacts on receipt of most public benefits, childbearing, fathering of children, provision of child support, or criminal arrests.

The second study evaluation results:

Education: The second evaluation result showed that JOBSTART led to a significant increase in the rate at which participants passed the GED (42 percent vs. 28.6 percent of controls). Male participants were more likely than males in the control group to receive any education or training in the follow-up period. They also received more hours of education or training than control counterparts. Results are similar for young women. Participants who were white, non-Hispanic, black, non-Hispanic, Hispanic, or of other races/ethnic backgrounds were more likely to receive any education or training in the follow-up period than their counterparts in control groups. In addition, participants age 16-19 and 20-21 were more likely than their control counterparts to receive any education or training in the follow-up period. Male participants were more likely than males in the control group to earn a GED during the follow-up period. Results are similar for participants who are female, non-Hispanic white, non-Hispanic black, Hispanic, age 16-19, and age 20-21.

Employment: In the final two years of the follow-up, the earnings of the experimental group were not significantly different from control group earnings, although their average earnings over the two years were higher by approximately \$400 per year. Impacts on earnings were encouraging for young men with an arrest record when they entered the program (impacts were positive and statistically significant in year 4) and for young men who had dropped out of school because of educational difficulties before entering the program (in year 3). More youth in the control group than in the experimental group worked during the first year of follow-up. In the second year, slightly more of the program youth than controls worked. In the third and fourth years, there was no significant difference.

Other Findings: No significant impacts on youths' receipt of public assistance except that female participants who were not mothers when they entered the program were significantly less likely than their counterparts in the control group to receive AFDC during the later years of follow-up.

Arrest rates were reduced during the first year of follow-up for the full sample and some key subgroups. A larger impact was observed for young men without a prior arrest. However, there was only a small difference in arrests during the entire four-year period. This suggested that involvement in the program made a difference that did not continue once participation ended. Participants reported significantly less use of drugs other than marijuana, compared to the control group (4.1 percent of participants vs. 5.8

percent of youth in the control group reported drug use). Male participants were more likely to experience positive activity (work or further education or training) during the follow-up than their control counterparts. Similar results are seen for women living their own children and women not living with their own children (including those who do not have children).

Custodial mothers who entered JOBSTART experienced significantly increased childbearing but no impacts on receipt of AFDC. These participants saw a \$1,004 increase in net income, resulting from increases in both earnings and welfare payments received for additional children. For other men and women, the effect of JOBSTART on income remained negative after four years of follow-up.

Authors: Title and Publican Reference

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Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors. Washington, DC: Child Trends.

Program Name: Youth Build

Program Purpose

Youth Build offers individuals an opportunity to earn their GED or high school diploma while participating in programs which offer the individual to engage in a variety of programs which enable the individual to build a positive lifestyle.

Target Population

Low-income individuals between the ages of 16 and 24 are served to work toward their GED or high school diploma while learning job skills by building affordable housing for homeless and low-income people.

Services Provided

Youth Build offers a variety of services as described below.

- An alternative school, in which young people attend a Youth Build school on a full-time basis on alternate weeks, allows individuals to study for their GEDs or high school diplomas.
- Community service offers participants the ability to build housing for homeless and other low-income people, providing a valuable and visible commodity for their hard-pressed communities.
- Job training and pre-apprenticeship program offers individuals the ability to receive close supervision and training in construction skills, on a full-time basis on weeks which alternate from alternate school services.
- Participants are offered leadership development and a civic engagement program in which young people share in the governance of their own program through an elected policy committee. Young people actively participate in community affairs, learning the values and the life-long commitment needed to be effective and ethical community leaders.
- The youth development program provides personal counseling, peer support groups and life planning processes that assist participants to heal from past hurts, overcome negative habits and attitudes, and pursue achievable goals that will establish a productive life.
- A long-term mini-community is developed in which young people make new friends committed to a positive lifestyle, pursue cultural and recreational activities, and continue to participate in the Youth Build Alumni Association.
- The community development program allows participants to obtain the resources needed to tackle several key community issues at once, strengthening their capacity to build and manage housing for their residents, educate and inspire their youth, prevent crime, create leadership for the future, and generally take responsibility for their neighbors.

Delivery Modes

Participants spend 6 to 24 months in the full-time program, dividing their time between the construction site and the Youth Build alternative school.

Findings

Between 2001 and 2005, 13,133 students participated in the Youth Build program. Nearly 90 percent of the students entered with a GED or a high school diploma, 27 percent were in receipt of public assistance, 16 percent were residing in public housing, and on average the student was 19 years of age. Slightly more than 81 percent attended the program while almost 60 percent completed the program. On average, students participated for eight months with one third receiving a GED or diploma at the time of completion and more than three-quarters having been placed in a job or pursuing further education.

Program Name: Interscholastic Athletic Programs

Program Purpose

Athletics are an integral part of the high school curricular program. The Board of Education establishes as the goals of this activity the development of proper ideals of sportsmanship, ethical conduct, teamwork, specialized physical skills and experience in competitive situations. In attaining these goals, the program must promote and emphasize the physical, mental, moral, social, and emotional well-being of the players, those participating in supporting activities, and the spectators.

Program Description

The interscholastic athletic program will provide many opportunities for participation. The programs and teams are, however, competitive in nature. Limitations on individual participation on teams or in games may be imposed based upon the skill or achievement level of the individual, the needs of the group/team, funding limitations, and availability of staff. Accordingly, in many of the various athletic programs, the size of squads/teams will be limited.

Students should be encouraged to participate in the varied sports offerings for which they have interest and aptitude. No effort shall be made to limit a student's participation in multiple sports because that student has displayed a special aptitude or skill in a specific sport. No student shall be required to participate in a summer program as a prerequisite to trying out or qualifying for a sport during the regular school year. However, an athlete is required to report at the beginning of the official conditioning and/or practice schedule for the sport in which he/she wishes to participate.

The superintendent/designee shall annually prepare, approve, and present to the board for its consideration any program changes for interscholastic activities for the year. The athletic administrator shall prepare rules for the conduct of student activities in a Student Athletic Contract that must be signed by each participant at the beginning of each interscholastic activity season. This includes, but is not limited to: use of alcoholic beverages; use of tobacco; use or possession of illegal chemical substances or opiates not prescribed by a physician; gambling; or any infraction of civil law. The rules and disciplinary actions (called Student Rights and Responsibilities) that are distributed annually by mail to all parents/students shall provide adequate notice for interscholastic and other school-related activities.

Authors: Title and Publication Reference

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Gough, R. Character Is Everything: Promoting Ethical Excellence in Sports. Fort Worth, TX: Harcourt Brace 1997.

Program Name: Alternative Schools

Program Purpose

Alternative schools are specialized educational environments that place a great deal of emphasis on small classrooms, high teacher-to-student ratios, individualized instruction, noncompetitive performance assessments, and less structured classrooms (Raywid, 1983). The purpose of these schools is to provide academic instruction to students expelled or suspended for disruptive behavior or weapons possession, or who are unable to succeed in the mainstream school environment (Ingersoll and Leboeuf, 1997). Alternative schools originated to help inner city youth stay in school and obtain an education (Coffee and Pestridge, 2001). In theory, students assigned to alternative schools feel more comfortable in this environment and are more motivated to attend school. Students attending these schools are believed to have higher self-esteem, more positive attitudes toward school, improved school attendance, higher academic performance, and decreased delinquent behavior (Cox, 1999; Cox, Davison, and Bynum, 1995). As a result, many alternative schools are being used to target delinquent youth (Gottfredson, 1987; Arnove and Strout, 1980). These schools serve the dual purpose of reinforcing the message that students are accountable for their crimes and removing disruptive students from the mainstream. In general, alternative schools assess academic and social abilities and skills, assign offenders to programs that allow them to succeed while challenging them to reach higher goals, and provide assistance through small group and individualized instruction and counseling sessions (Ingersoll and Leboeuf, 1997). In addition, students and their families may be assessed to determine whether social services such as health care, parenting classes, and other program services are indicated.

Target Population

Males and females, ages 12 to 18 with suspensions, expulsions, truants and less serious juvenile offenders

Program Description

While there is a great degree of variation among alternative schools, research demonstrates that the schools that succeed with this population of youth typically have the following elements:

- Strong leadership
- Lower student-to-staff ratio
- Carefully selected personnel
- Early identification of student risk factors and problem behaviors
- Intensive counseling/mentoring
- Prosocial skills training
- Strict behavior requirements
- Curriculum-based on real-life learning

- Emphasis on parental involvement
- Districtwide support of the programs [Coffee and Pestrige, 2001]

One model that has shown to be effective, although with a population of 13 to 16 year olds, is Career Academy. Career Academies are schools within schools that link students with peers, teachers, and community partners in a disciplined environment, fostering academic success and mental and emotional health. Originally created to help inner city students stay in school and obtain meaningful occupational experience, Career Academies and similar programs have evolved into a multifaceted, integrated approach to reducing delinquent behavior and enhancing protective factors among at-risk youths. These academies enable youths who may have trouble fitting into the larger school environment to belong to a smaller educational community and connect what they learn in school with their career aspirations and goals.

The Career Academy approach is distinguished by three core features that respond to problems that have been identified in high schools serving low-income communities and students at risk of school failure. First, a Career Academy is organized as a school within a school in which students stay with a group of teachers over the 3 or 4 years of high school. Such arrangements are often referred to as “small learning communities.” The aim is to create a more personalized and supportive learning environment for students and teachers. Students also attend some regular classes within the high school. Second, a Career Academy offers students a combination of academic and vocational curricula and uses a career theme to integrate the two. Third, a Career Academy establishes partnerships with local employers in an effort to build connections between school and work and to provide students with a range of career development and work-based learning opportunities. These include field trips designed to expose students to various work environments, job shadowing, and mentoring programs with adults who can provide career guidance. Students are also given the opportunity to work for employers who are connected to the school.

Evaluation Description

Various alternative education programs have been evaluated over the last two decades using a variety of designs and having inconsistent results. Evaluations of early alternative schools generally found that these programs did not produce positive results (Raywid, 1983). However, the ineffectiveness of these programs was attributable to weak program implementation (Cox, 1999). For instance, many early programs were designed as a form of punishment with little regard for program intervention and a selection process devoid of any specific criteria. Consequently, all types of delinquent offenders, whether appropriate or not, were being sequestered in alternative schools with no resources for improvement. Reviews (Cox, 1999; Cox, Davison and Bynum, 1995; Duke and Muzio, 1978; Hawkins and Wall, 1980) of the early evaluations found that these studies were wrought with methodological problems including 1) a lack of a control or a comparison group, 2) failure to randomize when sampling from the student population, 3) a tendency to eliminate data on program dropouts, and 4) a lack of follow-up data on students.

The Career Academy evaluation used a large-scale, multisite experimental design with random assignment research. Data was collected over a 6-year period (3- or 4-year follow-up) at nine high schools with Career Academies. Each of the academies had established the basic Career Academy components. Most of the school districts in the evaluation are large and enroll substantially higher percentages of African-American and Hispanic students than school districts nationally. On average, these school districts have higher dropout rates, higher unemployment rates, and higher percentages of low-income families. The evaluation included a sample of 1,764 students who applied for one of the Career Academies. Of these, 959 students were randomly assigned to the treatment group and were accepted for admission to the academies. The remaining 805 students were randomly assigned to a control group and were not invited to participate in the academies, though they could choose other options in the high school or school district. The sample was 56.2 percent female, 56.2 percent Hispanic, 30.2 percent African-American, 6.4 percent white, and 7.2 percent Asian-American or Native American.

The data was obtained from four sources: 1) school transcript records, including information about attendance, credits earned toward graduation, and course-taking patterns; 2) student surveys that asked a wide range of questions about school experiences, employment and work-related experiences, extracurricular activities, preparation for college and postsecondary jobs, and plans for the future; 3) standardized math computation and reading comprehension tests; and 4) qualitative field research conducted throughout the evaluation to document academies' characteristics, local contexts, staff, students, and employer partners. For purposes of data analysis, students were divided into three categories: high risk, low risk, and medium risk of dropping out of high school.

Findings

More recent evaluations (Kemple and Snipes, 2000; Cox, 1999; Cox, Davison, and Bynum, 1995) suggest that alternative schools have some positive effects. A meta-analysis of 57 alternative school programs found that alternative schools have a positive effect on school performance, attitudes toward school, and self-esteem but no effect on delinquency (Cox, Davison, and Bynum, 1995). The study also found that alternative schools that targeted at-risk youth produced larger effects than other programs and that the more successful programs tend to have a curriculum and structure centered on the needs of the designated population. These effects, however, may be short term. Using an experimental design with a 1-year follow-up of a single alternative school, Cox (1999) found that these positive effects were not observed 1 year later. Consequently, the type of follow-up support given to students in alternative schools may be important in achieving the long-term goals of the program. Finally, a 5-year evaluation of the career academy concept (the OJJDP alternative school model) covering nine schools and 1,900 students found that, compared with their counterparts who did not attend, at-risk students enrolled in career academies were 1) one third less likely to drop out of school, 2) more likely to attend school, complete academic and vocational courses, and apply to college, and 3) provided with more opportunities to set goals and reach academic and professional objectives (Kemple and Snipes, 2000).

Career Academy had the strongest effects with students who were at high risk of dropping out of high school. These students were less likely than the control group to drop out of school, had better attendance, and more credits earned in both academic and vocational subjects. The program also showed improved outcomes for the low-risk group on several outcomes, including the percentage of students who earned enough credits to graduate on time. Medium-risk students showed no differences between the treatment and control group.

Authors: Title and Publication Reference

Kemple, James J., and Jason C. Snipes. 2000. *Career Academies: Impacts on Students' Engagement and Performance in High School*. San Francisco, Calif.: Manpower Demonstration Research Corporation.

YOUTH DEVELOPMENT PROGRAMS

Program Name: Thinking for a Change

Program Purpose

Thinking for a Change teaches offenders how to change their own behavior. The program represents an integrated, cognitive behavior change approach for offenders that encompasses cognitive restructuring, social skills development and development of problem solving skills. The program aims to present a fun and engaging experience for participants, though rules and expectations must be defined clearly.

Program Description

Thinking for a Change is comprised of 22 lessons with a capacity to extend the program indefinitely, depending upon how many cognitive skills are taught. Lesson topics include: active listening; asking a question; giving feedback; our thinking controls how we act; paying attention to our thinking; recognizing the thinking that leads to trouble; finding new thinking; using thinking check ins; knowing your feelings; understanding and responding to the feelings of others; preparing for a stressful conversation; responding to anger; dealing with an accusation; five steps of problem solving; and a self-evaluation of areas for further skill development. Ideally, the group will meet for an additional ten sessions, which is based upon the self evaluations each participant completes during the 22nd lesson. These additional skills are the result of further assessment of the skill deficits for each participant, and then aggregated across the group. In this way, each group member is invested and empowered to participate in his or her own learning and self development, providing a forum for continued skill and cognitive development.

Evaluation Description

An evaluation measured and studied the efficacy that Thinking for a Change had on one hundred male and 42 female medium and high-risk probationers. The Thinking for a Change treatment group was matched with a comparison group that was not assigned to the program. Group completers, group dropouts, and the comparison group were contrasted on the constructs which the program is intended to affect: pro-criminal attitudes, social skills, and interpersonal problem solving skills. These areas were assessed with self-report measures, applied skill tests, and facilitator ratings. The groups were followed for three months to one-year after completion of the program and assessed for recidivism, as measured by new criminal offenses and technical violations of probation.

Findings

Results show that new criminal offense rates for group completers were 33 percent lower than that for individuals in the comparison group. There were no differences in

technical violations between completers and comparisons, but treatment group dropouts received a significantly higher number of technical violations than the completers or comparison groups. Dropping out of the treatment group, being classified as “high risk,” and having poorer interpersonal problem solving skills were all predictive of technical violations. On attitudinal measures, there were no differences among groups in pro-criminal sentiments. Social skills improved for both completers and dropouts but remained constant for comparisons. Treatment group completers improved significantly in interpersonal problem solving skills after the Thinking for a Change program, while the dropout and comparison groups had no such gains. This study provides some encouragement for cognitive behavioral group treatment for offenders, as positive changes were found for social and problem solving skills, and a trend toward reduced criminal activity was also observed. However, the evaluation stated that the change findings were not as strong as had been hypothesized and concluded that more research in the area was necessary.

Authors: Title and Publication Reference

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Golden, L. (2002). Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change. University of Texas Southwestern Medical Center at Dallas. Retrieved January 8, 2007, from http://www.d11.org/springcreek/treatment/018190_evaluation_efficacy_cb_offenders_probation.pdf.

Program Name: School Transitional Environmental Program (STEP)

Program Purpose

The School Transitional Environmental Program (STEP) theorizes that stressful life events, such as making transitions between schools, places children at risk for maladaptive behavior. Research has shown that, for many students, changing schools leads to poor academic achievement, classroom behavior problems, heightened anxiety, and increases in school absenteeism, all of which may lead to dropping out of school and other behavioral or social problems. By reducing school disorganization and restructuring the role of the homeroom teacher, STEP aims to reduce the complexity of school environments, increase peer and teacher support, and decrease students' vulnerability to academic and emotional difficulties.

Target Population

Students who attend large, urban junior or senior high schools—specifically, grades six to 12—whose student population comes from multiple “feeder” schools, and which serve predominantly non-white, lower-income students.

Program Description

STEP's success is achieved through redefining the role of homeroom teachers and restructuring schools' physical settings. Together, these changes increase students' beliefs that school is stable, well-organized, and cohesive setting.

Students are assigned to homerooms in which all classmates are STEP participants. Teachers in these classrooms act as administrators and guidance counselors, helping students choose classes, counseling them on school and personal problems, explaining the program to parents, and notifying parents of student absences. The increased attention reduces student anonymity, increases student accountability, and enhances students' abilities to learn school rules. All program participants are enrolled in the same core classes, which are all located in close proximity within the school, to help participants develop stable peer groups and enhance their familiarity with school.

Delivery Modes

STEP is implemented in school settings, and school staff have the primary responsibility for overseeing and ensuring the program's success.

Evaluation Description

Several different evaluations have been conducted testing STEP participants against a comparison group that remains in each school's controlled conditions.

Findings

Evaluations performed at the end of ninth grade demonstrate that when compared to control students enrolled in the school's normal curriculum, STEP students display decreases in absenteeism and increases in GPA and more positive feelings towards the school's environment, stability, and organization. A long-term follow-up indicated that STEP students—when compared to control students—had lower dropout rates (21 percent versus 43 percent) and higher grades and fewer absences than those incurred in the ninth and tenth grades.

Replication carried out in two lower to lower-middle class high schools and three junior high schools showed that STEP students, compared to control students, had:

- fewer increases in substance abuse, delinquent acts, and depression;
- fewer decreases in academic performance and self-concept; and
- lower dropout rates.

Another replication that included students from lower-risk backgrounds demonstrated similar results. One year after the program, STEP students, compared to control students, generally demonstrated:

- less self-reported delinquency, depression, and anxiety; and
- higher self-esteem, academic performance, and school attendance.

Authors: Title and Publication Reference

Felner, R.D., & Adan, A.M. (1988). The School Transitional Environment Project: An Ecological Intervention and Evaluation. In R.H. Price, E.L. Cowen, R.P. Lorion, & J. Ramos-McKay (Editors), *14 Ounces of Prevention: A Casebook for Practitioners* (pp. 111-122). Washington, DC: American Psychological Association.

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Program Name: Motivational Enhancement Therapy (MET)

Program Purpose

Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change. The therapy is based on principles of motivational psychology, and is designed to produce rapid, internally-motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client's personal change resources.

Program Description

The MET approach begins with the assumption that the responsibility or capability for change lies within the client. Consequently, the therapist's task is to create a set of conditions that will enhance the client's own motivation for and commitment to change. Rather than relying upon therapy sessions as the primary locus of change, the therapist seeks to mobilize the client's inner resources, as well as those inherent in the client's natural helping relationships. MET seeks to support intrinsic motivation for change, which will lead the client to initiate, persist in, and comply with behavior change efforts. Miller and Rollnick (1991) have described five basic motivational principles underlying such an approach: expressing empathy, developing discrepancy, avoiding argumentation, rolling with resistance, and supporting self-efficacy.

Delivery Modes

MET is delivered via individualized therapeutic treatment in a few brief sessions. The treatment may be delivered as an intervention in itself, or may be used as a prelude to further treatment.

Evaluation Description

Sponsored by Project MATCH, the results of a three-year follow-up of MET participants were published in *Alcoholism: Clinical and Experimental Research*. The evaluation reports three-year outcomes for 952 clients who had been treated in the five outpatient sites of a multi-site clinical trial.

Findings

With regard to the matching effects, client anger demonstrated the most consistent interaction in the trial, with significant matching effects evident at both one-year and three-year follow-ups. Clients high in anger fared better in Motivational Enhancement Therapy (MET) than in the comparative treatments: Cognitive-Behavioral Therapy (CBT) and Twelve-Step Facilitation (TSF). Clients treated in MET had on average 76.4 percent "abstinent" days, whereas their counterparts in the comparison treatments (CBT and TSF) had on average 66 percent abstinent days. Conversely, clients low in anger performed better after treatment in CBT and TSF than in MET.

Authors: Title and Publication Reference

Project MATCH Research Group. (1998). Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. *Alcoholism: Clinical and Experimental Research*, 22(6), 1300-1311.

Program Name: Girls Circle***Program Purpose***

Girls Circle promotes the development of strength, courage, confidence, honesty, and communication skills for girls. The program aims to enhance girls' abilities so they can take full advantage of their talents, academic interests, career pursuits, and potential for healthy relationships. By fostering a safe and caring environment, Girls Circle encourages self-expression, self-confidence, authenticity in relationships, and enhanced judgment skills. The program also focuses on training potential Girls Circle facilitators in order to equip these volunteering adults with the knowledge, skills, and support to effectively manage Girls Circles in multiple settings and communities.

Target Population

Females, ages 9-18.

Program Description

The Girls Circle model, which is a structured support group for girls, integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. Girls Circle aims to counteract social and interpersonal forces that impede girls' growth and development by promoting an emotionally safe setting and structure within which girls can develop caring relationships and use authentic voices.

Led by a facilitator, Girls Circles are typically held weekly from one and a one-half to two hours. The facilitator leads the group of girls through a format that includes each girl taking turns talking and listening to one another respectfully about their concerns and interests. The participants express themselves further through creative or focused activities such as role playing, drama, journaling, poetry, dance, art and so on. The facilitator also introduces specific themes and topics that relate specifically to the girls' lives, such as trusting ourselves, friendships, body image, personal goals, sexuality, drugs, tobacco and alcohol, competition, and decision-making.

Delivery Modes

Girls Circle is delivered weekly through 1.5 to two hour sessions in a group of six to eight girls, and the program is led by an adult female volunteer. Sessions can be held in or via schools, community programs, and juvenile detention and probation settings.

Evaluation Description

In 2005, Ceres Policy Research evaluated the effectiveness of the Girls Circle as a prevention and intervention model to improve perceived social support, perceived body image, and self-efficacy. For the evaluation's sample population, Ceres Policy

Research included and analyzed the impact of Girls Circle program participants involved in the juvenile justice system, including girls on probation and in detention settings. Ceres Policy Research analyzed survey results for participants in circles from fifteen different cities. Eight sites hosted circles for girls who have been involved in the juvenile justice system.

To document outcomes for girls participating in circles, Girls Circle and Dominican University of California surveyed participants at the beginning and end of each Girls Circle's 10 week cycles. Participants completed one sheet containing demographic variables, a validated self-efficacy instrument, a validated body image instrument, and a validated social support instrument. Ninety-eight pre-program surveys were collected, and 89 post-program surveys were collected. Respondents varied in age, ethnicity, and in their involvement in the juvenile justice system.

Ceres Policy Research analyzed the surveys collected from participants and subsequently relied on two different statistical tests. Ceres Policy Research used a T-test to determine whether a group changed over time. In determining whether two groups were different from one another, an analysis of variance test was used. Findings from these tests were considered "statistically significant" if they could be more than 90 percent sure that change had occurred over time or that the groups were different.

Findings

Prior to participating in Girls Circle, girls scored 2.80 on the self efficacy scale. After participating in Girls Circle, girls scored 3.08 on the self efficacy scale. T-tests showed that this was a statistically significant gain ($\text{sig}=.000$; this means that we are 100 percent sure that this result is not due to random error).

Prior to participating in Girls Circle, girls scored 4.49 on the body image scale. After participating in Girls Circle, girls scored 4.72 on the body image scale. T-tests showed that this was a statistically significant gain ($\text{sig}=.039$; this means that we are over 96 percent sure that this result is not due to random error).

Prior to participating in Girls Circle, girls scored 5.36 on the social support scale. After participating in Girls Circle, girls scored 5.68 on the social support scale. T-tests showed that this was a statistically significant gain ($\text{sig}=.008$; this means that there is over 99 percent certainty that this result is not due to random error).

Analysis of variance tests were run to see if there were any subgroups within the respondents that had different rates of improvement than others. Girls in middle schools were compared to girls in high schools, girls from different cities were compared, and girls across race and ethnic identity were compared. The analysis found that there were no differences between groups on these measures, indicating that girls of all ages, in all locations, of all ethnic and racial identities benefit equally from participating in Girls Circle.

Additionally, the evaluation completed an analysis of variance test to see if there were any differences between girls who have been involved in the juvenile justice system and girls who have not been involved in the juvenile justice system. The analysis found that girls who have been involved in the juvenile justice system are more likely to show an increase in perceived social support (sig=.056; this means that there is over 94 percent certainty that this result is not due to random error).

Cost-Benefit Findings

Girls Circle uses volunteers to serve as group facilitators. Relevant costs are for program materials. The facilitator manual costs \$55; the program evaluation toolkit costs \$50; and the nine facilitator activity guides together cost between \$625 and \$705.

Authors: Title and Publication Reference

Irvine, A., (2005), Girls Circle: Summary of Outcomes for Girls in the Juvenile Justice System. Ceres Policy Research.

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Steese, S., Dollette, M., Phillips, W. Hossfeld, B., & Taormina, G. (2005). Understanding Girls' Circle as an Intervention on Perceived Social Support, Body Image, Self-Efficacy, Locus of Control and Self-Esteem. *Adolescence*, Vol. 41, No. 161, Spring, 2006.

Girls Circle: How Girls Grow. (2006). Retrieved December 7, 2006, from <http://www.girlscircle.com>.

Program Name: Positive Peer Culture Programs

Program Purpose

Peer group interventions, widely used in schools and institutional settings, attempt to create a pro-social group climate, group controls on antisocial behavior, and supports for conventional attitudes and behaviors. Guided Group Interaction (GGI) and Positive Peer Culture (PPC) are two programs within this intervention approach designed to restructure peer interactions with the intent of increasing conformity to pro-social norms.

Program Description

Within a positive peer culture, each youth is faced with the challenge of learning responsible thinking and behavior. While this occurs through the involvement of both staff and youths, the youths are seen as the most critical component in the process because of their ability to influence one another. Positive peer culture teaches youths that the development of responsible behavior and thought comes only from helping one another or “bringing the next youth up.” With positive peer culture, the focus is not on whether a youth wants to receive help, but whether he is willing to give help.

Findings

Overall, the empirical evaluations of these programs are inconsistent; some evaluations yield no effect, others yield beneficial effects, and still others yield adverse effects. For instance, in the Provo experiment (Empey & Erikson, 1974) in one set of comparison conditions GGI treatment youth (who otherwise would have been incarcerated) were compared to incarcerated youth and found to have significantly fewer arrests after treatment. Conversely, an evaluation of a derivative of GGI, the Peer Culture Development (PCD) program, yielded an adverse effect including more drug use and more serious delinquency (Gottfredson, 1987). There are still other evaluations of peer group-based interventions that yield no significant effect.

There is some evidence that these types of programs help maintain or restore institutional order. For instance, some evaluation reports of schools in which these programs operated indicate that schools became safer over time, school-wide reports of negative peer influence went down, and school-wide belief in conventional rules went up. Therefore, these programs may have valuable environmental effects. Overall, however, the adverse effect of some peer-based interventions is a serious warning sign for this type of intervention. When implemented, these interventions should be applied only in an experimental context because their beneficial nature and efficacy has not been consistently demonstrated.

Authors: Title and Publication Reference

Dishion, T.J., & Andrews, D.W. (1995). Preventing Escalation in Problem Behaviors with High-Risk Young Adolescents: Immediate and 1 Year Outcomes. *Journal of Consulting and Clinical Psychology*, 63(4), 538-548.

Empey, L.T., & Erikson, M.L. (1974). *The Provo Experiment: Evaluating Community Control of Delinquency*. Lexington, MA: Lexington Books.

Gibbs, J.C., Potter, G.B., Barriga, A.Q., & Liao, A.K. (1996). Developing the Helping Skills and Prosocial Motivation of Aggressive Adolescents in Peer Group Programs. *Aggression and Violent Behavior*, 1(3), 283-305.

Gottfredson D.C. (1987). Peer Group Interventions to Reduce the Risk of Delinquent Behavior: A Selective Review and a New Evaluation. *Criminology*, 25(3), 671-714.

Gottfredson D.C., & Gottfredson G.D. (1992). Theory-Guided Investigation: Three Field Experiments. In J. McCord, & R. Tremblay (Eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*, (pp. 311-329). New York, NY: Guilford Press.

Knight, D. (1970). *The Marshall Program Assessment of a Short-Term Institutionalized Treatment Program. Part II: Amenability to Confrontive Peer Group Treatment*. (Report No. 59). Sacramento, CA: California Youth Authority.

ATTACHMENT A: PROGRAM CRITERIA STANDARDS

Blueprints for Violence Prevention

Programs are divided into Model and Promising (www.colorado.edu/cspv/blueprints).

Blueprints for Violence Prevention's main objective is that of violence prevention in children and adolescents from birth to age 19. Programs focus on violence, delinquency, aggression (including pre-delinquent aggression), and substance abuse.

Criteria for Model and Promising programs include:

- Evidence of deterrent effect with a strong research design (experimental or quasi-experimental) on one of the above outcomes; and
- Other criteria that Model programs must meet include sustained effects for at least one year post-treatment and replication at more than one site with demonstrated effects.

Source: Elliott, D.S. (Series Editor) (1997). Blueprints for Violence Prevention (Vols. 1-11). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

Title V (OJJDP)

Programs are divided into Effective, Highly Promising, and Promising (www.dsgonline.com/projects_titlev.html or www.ojjdp.ncjrs.org/titlev).

OJJDP has a focus on assisting communities with delinquency prevention strategies. The Title V programs are divided into categories of community, school, peer, and the individual. To be classified as Effective, the program required evidence of statistical deterrent effect using randomized treatment and control groups. Highly Promising programs had evidence obtained with a control or matched comparison group but without randomization. Promising programs had evidence of a correlation between the prevention program (generally pre/post) and a measure of crime.

Source: Title V. Training and Technical Assistance Programs for State and Local Governments: Effective and Promising Programs Guide. Washington DC: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Strengthening America's Families

Programs are divided into Exemplary 1, Exemplary, Model, and Promising (www.strengtheningfamilies.org).

The National Program Review Committee, the University of Utah, and CSAP reviewed the programs that focused on family therapy, family skills training, in-home family support, and parenting programs. Each program was rated on theory, fidelity, sampling strategy, implementation, attrition, measures, data collection, missing data, analysis, replications, dissemination capability, cultural and age appropriateness, integrity, and program utility and placed into the following categories:

- *Exemplary I:* Program has experimental design with randomized sample and replication by an independent investigator. Outcome data show clear evidence of program effectiveness.
- *Exemplary II:* Program has experimental design with randomized sample. Outcome data show clear evidence of program effectiveness.
- *Model:* Program has experimental or quasi-experimental design with few or no replications. Data may not be as strong in demonstrating program effectiveness.
- *Promising:* Program has limited research and/or employs non-experimental designs. Data appears promising but requires confirmation using scientific techniques.

American Youth Policy Forum

Programs are categorized as Effective (www.aypf.org).

The goal of the American Youth Forum is to enable policymakers, national and state governments, and organizations to develop, enact, and implement policies regarding the nation's youth. The book describes programs dealing with reducing juvenile crime, asking what works and what does not work, what is commonplace in policy for reducing juvenile crime, and what changes need to be made to make sure the program is delivered with the best practice. Many programs are described based on a review of the scientific literature; however, no specific criteria for the inclusion of a program are provided.

Source: Mendel, R.A. (2001). *Less Hype, More Help: Reducing Juvenile Crime, What Works - and What Doesn't*. Washington DC: American Youth Policy Forum.

Center for Mental Health Services, U.S. Department of Health and Human Services

Programs are divided into Effective and Promising (www.prevention.psu.edu).

Programs reviewed different intervention programs dealing with the reduction of risks or effects of psychopathology in school aged children. Studies were excluded in which children were given diagnostic interviews and met criteria for DSM-III R or DSM-IV disorders. The age focus was restricted to children from ages 5 to 18. Programs that met the review requirements had to be evaluated using an adequate comparison group with either randomized or quasi-experimental design with an adequate control group. Studies had to have pre and posttest data and preferably follow-up data. They also had to have a written implementation manual. Universal, selective and indicated prevention programs were identified that produced improvements in specific psychological symptomology or factors directly associated with increased risk for child mental disorders. Programs showing reduction in psychiatric symptoms were also included in the review.

Source: Greenberg, M.T., Domitrovich, C., & Bumbarger, B. (1999). Preventing Mental Disorders in School-Aged Children: A Review of the Effectiveness of Prevention Programs. State College, PA: Prevention Research Center for the Promotion of Human Development, College of Health and Human Development, Pennsylvania State University.

Center for Substance Abuse Prevention (CSAP)

Dept. of Health & Human Services, National Registry of Effective Programs (NREP)
Programs are divided into Model, Promising and Effective
(modelprograms.samhsa.gov).

Programs are scored 1 to 5, with 1 being the lowest and 5 being the highest score, relative to 15 criteria. Model programs are well implemented and evaluated according to rigorous standards of research, scoring at least 4.0 on the 5-point scale. Promising programs have been implemented and evaluated sufficiently and are considered scientifically defensible, but have not yet been shown to have sufficient rigor and/or consistently positive outcomes required for Model status. Promising programs must score at least 3.33 on the 5-point scale. Effective programs meet all the criteria as the Model programs, but for a variety of reasons, these programs are not currently available to be widely disseminated to the general public.

Department of Education, Safe Schools

Programs are divided into Exemplary and Promising
(www.ed.gov/offices/OSDFS/expert_panel/drug-free.html).

Relevant outcomes are related to making schools safe, disciplined, and drug-free: reducing substance use, violence, and other conduct problems and positive changes in scientifically established risk and protective factors. Program criteria is based on:

- 1) Evidence of efficacy/effectiveness based on a methodologically sound evaluation that adequately controls for threats to internal validity, including attrition;
- 2) The program's goals with respect to changing behavior and/or risk and protective factors are clear and appropriate for the intended population and setting;
- 3) The rationale underlying the program is clearly stated, and the program's content and processes are aligned with its goals;
- 4) The program's content takes into consideration the characteristics of the intended population and setting;
- 5) The program implementation process effectively engages the intended population;
- 6) The application describes how the program is integrated into schools' educational missions; and
- 7) The program provides necessary information and guidance for replication in other appropriate settings.

Communities That Care, Developmental Research and Programs

Programs are categorized as Effective
(www.channing-bete.com/positiveyouth/pages/CTC/CTC_guide.html).

Communities That Care focus on preventing adolescent substance abuse, delinquency, teen pregnancy, school dropout, and violence as well as promoting the positive development of youth and children. Programs focus on the family, school, and community. The criteria include:

- programs address research based risk factors for substance abuse, delinquency, teen pregnancy, school dropout and violence;
- increase protective factors;
- intervene at developmentally appropriate age; and
- show significant effects on risk and protective factors in controlled studies or community trials.

Source: Posey, R., Wong, S., Catalano, R., Hawkins, D., Dusenbury, L., & Chappell, P. (2000). *Communities That Care Prevention Strategies: A Research Guide to What Works*. Seattle, WA: Developmental Research and Programs, Inc.

Mihalic and Aultman-Bettridge (2002)

Programs are divided into Exemplary, Promising, and Favorable.

Programs are all school-based. Model and Promising programs utilize Blueprints criteria and outcomes. Favorable programs broaden the outcomes to include factors relevant for school safety and success, such as school disciplinary problems, suspensions, truancy, dropout, and academic achievement. These programs may also have weaker research designs than the standard held for Blueprints, however, there is “reasonable” scientific evidence that behavioral effects are due to the intervention and not other factors. These programs all have experimental or matched control group designs.

Source: Mihalic, S., & Aultman-Bettridge, T. (2002). *A Guide to Effective School-Based Prevention Programs*. In W.L. Tulk (Ed.), *Policing and School Crime*. Englewood Cliffs, NJ: Prentice Hall Publishers.

National Institute of Drug Abuse

Programs are categorized as Effective (165.112.78.61/Prevention/Prevopen.html).

The focus is on drug prevention and reduction. Although prevention principles are mentioned in the report, there are no specific criteria for program inclusion.

Source: National Institute on Drug Abuse. (1997). *Preventing Drug Use among Children and Adolescents: A Research-Based Guide* (NCADI # PHD734). Washington, DC: National Clearinghouse for Alcohol and Drug Information (NCADI).

Sherman, et al. (1997)

Programs are listed as Effective (www.ncjrs.org/works or www.preventingcrime.org)

Focus on the program is crime prevention. The methodological rigor of each program was rated on a scale of 1 to 5. In order to obtain a score of “3,” programs had to employ some kind of control or comparison group. If the comparison was to more than a small number of matched or almost randomized cases, the study was given a score of “4.” If the comparison was to a large number of comparable units selected randomly, the study was scored as a “5.” Programs were assessed as “working” if they had two or more evaluations with 3 or higher and statistical significance tests showed the program effective. Programs were assessed as “promising” if they had at least one evaluation

with a score of 3 or higher showing effectiveness. For this report, all “working” and “promising” programs were classified as “Effective.”

Source: Sherman et al. (1997). Preventing Crime: What Works, What Doesn't, What's Promising (NCJ 165366). Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Surgeon General's Report (2001)

Programs are divided into Model and Promising: Level 1-Violence Prevention and Level 2-Risk Factor Prevention (www.surgeongeneral.gov/library/youthviolence).

The primary focus of the report by the Surgeon General is violence prevention and intervention. The criteria the Surgeon General set were appropriately rigorous methods of inquiry and sufficient data to support the conclusions. Model programs have rigorous experimental design (experimental or quasi-experimental), significant effects on violence or serious delinquency (Level 1) or any risk factor for violence with a large effect size of .30 or greater (Level 2), replication with demonstrated effects, and sustainability of effect. Promising programs meet the first two criteria (although risk factors of .10 or greater are acceptable), but programs may have either replication or sustainability of effects (both not necessary).

Source: U.S. Department of Health and Human Services (2001). Youth Violence. A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health.

ATTACHMENT B: PROGRAM MATRIX RATING CLASSIFICATION

No.	Program Type	Blueprints for Violence Prevention (1)	Title V (OJJDP) (2)	Strengthening America's Families (3)	American Youth Policy Forum (4)	Center for Mental Health Services-Greenberg et al. (5)	Center for Substance Abuse SAMHSA Programs (6)	Department of Education Safe Schools (7)	Communities That Care-Developmental Research and Programs (8)	Mihalic & Aultman Bettridge (2004) (9)	National Institute of Drug Abuse (NIDA) (10)	Sherman et al. (1997) (11)	Surgeon General's Report (2001) (12)
Programs Designed for In Crisis Population													
1	Functional Family Therapy (FFT)	Model	Exemplary	Exemplary 1	Effective					Effective			Model 1
2	Multidimensional Treatment Foster Care (MTFC)	Model	Exemplary	Exemplary 1	Effective		Effective	Exemplary					Model 1
3	Multisystematic Therapy (MST)	Model	Exemplary	Exemplary 1	Effective		Model						Model 1
4	Multidimensional Family Therapy (MDFT)		Effective	Exemplary 2	Effective		Effective						
5	Brief Strategic Family Therapy (BSFT)	Promising	Effective	Exemplary 2	Effective		Model		Effective				
6	Maine Juvenile Drug Treatment Court		Promising										
7	Wayne County Intensive Probation Program (IPP)		Promising										
8	The Cuyahoga County (Ohio) Intensive Probation Supervision		Promising										
9	Delaware Juvenile Drug Diversion Program		Promising										
10	Michigan State Diversion Project		Promising										
11	Aggression Replacement Training (ART)							Promising				Effective	
12	Intensive Supervision Juvenile Probation Program		Promising										
13	Anchorage Youth Court (AYC)		Promising										
14	Bethlehem (Pa)		Effective										

No.	Program Type	Blueprints for Violence Prevention (1)	Title V (OJJDP) (2)	Strengthening America's Families (3)	American Youth Policy Forum (4)	Center for Mental Health Services-Greenberg et al. (5)	Center for Substance Abuse SAMHSA Programs (6)	Department of Education Safe Schools (7)	Communities That Care-Developmental Research and Programs (8)	Mihalic & Aultman Bettridge (2004) (9)	National Institute of Drug Abuse (NIDA) (10)	Sherman et al. (1997) (11)	Surgeon General's Report (2001) (12)
	Police Family Group Conferencing project												
15	Broader Urban Involvement and Leadership Development Program(BUILD)		Promising										
16	Father Flanagan's Girls and Boys Town—Residential Program		Promising										
Programs Designed for High Risk Population													
1	Project Toward No Drug Abuse	Model	Exemplary				Model						
2	Wraparound Milwaukee		Promising		Effective								
3	Adolescent Transitions Program (ATP)					Effective			Effective		Effective		
4	Comprehensive Gang Model		Effective									Effective	
5	Mendota Juvenile Treatment Center		Effective										
6	Washington, DC, Restitution Program		Promising										
7	Minneapolis Ctr Victim-Offender Mediation		Promising										
8	Operation Ceasefire		Promising	-						-	-	-	-
9	Philadelphia Youth Violence Reduction Partnership		Promising										
Programs Designed for General Population													
1	Big Bothers/Big Sisters	Model											
2	Alcohol Misuse Prevention Study		Effective						Effective				

No.	Program Type	Blueprints for Violence Prevention (1)	Title V (OJJDP) (2)	Strengthening America's Families (3)	American Youth Policy Forum (4)	Center for Mental Health Services-Greenberg et al. (5)	Center for Substance Abuse SAMHSA Programs (6)	Department of Education Safe Schools (7)	Communities That Care-Developmental Research and Programs (8)	Mihalic & Aultman Bettridge (2004) (9)	National Institute of Drug Abuse (NIDA) (10)	Sherman et al. (1997) (11)	Surgeon General's Report (2001) (12)
3	Boys and Girls Club Gang Prevention Through Targeted Outreach		Promising		Promising								
4	Get Real About Violence (GRAV)		Promising				Promising					Effective	

No.	Program Type	Blueprints for Violence Prevention (1)	Title V (OJJDP) (2)	Strengthening America's Families (3)	American Youth Policy Forum (4)	Center for Mental Health Services-Greenberg et al. (5)	Center for Substance Abuse SAMHSA Programs (6)	Department of Education Safe Schools (7)	Communities That Care-Developmental Research and Programs (8)	Mihalic & Aultman Bettridge (2004) (9)	National Institute of Drug Abuse (NIDA) (10)	Sherman et al. (1997) (11)	Surgeon General's Report (2001) (12)
Youth Development Programs													
1	Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)		Exemplary				Model						
2	Trauma Focused Cognitive Behavioral Therapy (TF-CBT)		Exemplary				Model						
3	Olweus Bullying Prevention Program (BPP)	Model	Effective		Effective	Effective	Model		Effective	Exemplary		Effective	Promising 2
4	School Transitional Environmental Program (STEP)	Promising	Effective			Effective			Effective	Promising		Effective	Promising 1
5	Child Development Project (CD)		Effective			Effective	Model	Promising	Effective	Favorable		Effective	
6	Community Policing Program (CP)								Effective				
7	Girls Circle		Promising										